



HENRY MARTYN LEWIS



Methods of Filling Teeth with Gold Inlays.*

By Dr. T. P. HINMAN, Atlanta, Ga.

Cavity Preparation for Abraded Incisors or Cuspids.

The gold inlay is especially useful in the treatment of abraded or badly decayed incisors and cuspids, where there is a direct occlusion, because of the great resisting power of the gold used to make the inlay.

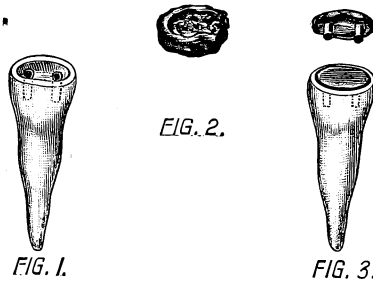
The cavity preparation for the incisal surface of the laterals, centrals and cuspids is the same where these surfaces are abraded and cupped out, and the enamel walls are sufficiently strong to be allowed to stand.

Examine the tooth to be inlaid very carefully and be sure that the enamel walls are not fractured, as such a cavity is not contemplated under this head, but will be described under another.

Excavate with a square fissure bur, cutting away the dentine to a depth sufficient to give a firm seat for the inlay, leaving the enamel walls standing. If the pulp is nearly exposed so as to preclude a sufficient excavation for anchorage, it has been my plan to cut two deep grooves on the floor of the cavity on the mesial and distal ends. (Fig. 1.) This serves as anchorage, allows a reasonable proportion of dentine to be left over the pulp, yet gives secure seating for the inlay. This is a much quicker and more satisfactory method than the use of platinum or iridio-platinum pins for retention.

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When the cavity has been prepared as above and washed out with warm water, cut a piece of inlay gold approximately the shape of the cavity but much larger, anneal, place in position, and force the gold down into the cavity with a pledget of wet cotton held in the pliers. Now burnish in the matrix until it makes an approximate fit to the cavity. If any tears occur in the bottom of the matrix, cover them with gold cylinders forced well down to place. Remove and flow a small piece of 22-karat solder over the floor of the matrix, being careful not to allow any of the solder to reach the margins. (Fig. 2.) Trim the matrix with a pair of scissors, so as to allow a slight marginal lap. Return the matrix to the cavity and carefully reburnish the margins; remove the thickened matrix from the cavity, and flow level with 20-karat solder. The inlay is now ready for the mouth. Roughen or groove the under



surface with bur, or knife edged rubber and carborundum disk. This is done to give additional attachment for the cement.

Slightly undercut the cavity wall, although this may be omitted in cases where the inlay is deep. Protect the tooth from moisture, with a napkin or any other means the operator may elect.

The cement should be mixed to a consistency of cream. A few experiments will teach just how thick to make the mixture, for if the cement is mixed too thick it will prevent the excess from being squeezed out thus preventing the inlay from being forced into place; or if too thin will not have sufficient strength when set. Smear the bottom of the cavity as well as the inlay with cement and drive to place. Carefully reburnish the margins before the cement gets too hard. When the cement has thoroughly set grind down the inlay to its proper occlusion and polish, and you will have a filling that will withstand the stress of mastication more perfectly than a filling made by any other known method, giving a maximum of strength with a minimum of gold. (Fig. 3.)

Treatment of Incisors and Cuspids which have Lost their Lingual Enamel.

The gold inlay is especially indicated in incisors where lingual enamel has been lost by wear from the opposing inferior incisors aided by erosion. In such cases the dentine and remaining lingual enamel are cut away to allow for a sufficient thickness of gold to give stability to the finished inlay. The labial enamel is left standing supported by all the sound dentine that it is possible to allow to remain. The mesial and distal enamel are cut away with a square end, fissure bur, sufficiently to give a firm seat to the inlay. Shallow grooves are cut in the mesial and distal basal walls, and a slight groove or pit cut on the lingual side between the enamel and pulp. Polish the enamel margins with a cuttle fish disk. Bevel the incisal enamel from within, outwardly. This will allow the gold to cover the exposed enamel and protect it from subsequent fracture, but will avoid a display of gold in the finished inlay. (Fig. 4.)



FIG. 4.



FIG. 5.



LINGUAL



LABIAL

FIG. 6.

To make matrix for such a cavity cut a ribbon of matrix gold a little wider than the length of the tooth from its incisal edge to the gingival margin and three times the width of the tooth mesio-distally. Anneal this strip and bend it in the form of the letter U passing the free ends between the adjoining teeth; grasping these free ends on the labial side with the thumb and finger of the left hand and with a large pledget of wet cotton held in pliers, press the matrix to the lingual side of the tooth, taking up all possible slack on the labial side.

Mallet the wet cotton with the automatic mallet and orange wood plugger, driving the gold into approximation with the cavity.

Remove the wet cotton and mallet directly on the gold with the orange wood plugger and if reasonable care be exercised the gold will not tear, nor cut, nor the enamel fracture.

Remove the matrix, trim approximately and again anneal. Return to the cavity and carefully burnish to the margins, and any anchorage

grooves that may have been made in the cavity. If tears occur fill these with pellets of gold foil.

Remove the matrix carefully and thicken with 22-karat solder. (Fig. 5.)

After the matrix has been thickened, trimmed, replaced in the cavity and reburnished it is withdrawn in a modeling compound impression and a model run in sump.

Remove the modeling compound from the model with care, as it is very easy to pull the matrix from the model if the compound is not made very soft. The contour and restoration of the mesial and distal enamel is secured by taking a strip of annealed one one-thousandth gold, formed in the shape of the letter U, the free ends being passed between the adjoining teeth on the model, this gold being burnished to the labial side with the finger and held in place until secured with hard wax,



FIG. 7.

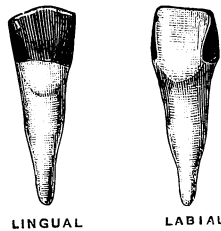


FIG. 8.

melted and dropped on the mesial, distal and lingual sides, thus attaching the contour piece to the matrix.

Before this wax has hardened press the contour piece to the approximating teeth thus securing contour. This piece of gold is trimmed on the lingual side to conform with what we want in the finished inlay, tapering from the broad base at the gingival border to practically a point at the cutting edge. (Fig. 6.)

Cut the tooth from the model and invest, labial side downward, the investment covering all exposed gold; then wash out the wax. (Fig. 7.) Flux the matrix and contour piece and fill level with 20-karat solder. The inlay is removed from the investment, cleaned and pickled, and the strip of metal cut from the labial surface. The reason for the contour piece extending all around the labial surface of the model is for security and ease of manipulation, it being far easier to handle one strip of gold than two small pieces on the mesial and distal side only. The inlay is partially polished and cemented in position, and when the cement has thoroughly hardened it is polished and ground to a correct occlusion. (Fig. 8.)

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Care should always be taken in these cases to grind the labio-mesial enamel outwardly so that in the finished inlay the gold will slightly lap and protect the incisal edge and still not show any gold.

Another plan is sometimes used instead of the strip of matrix metal and is somewhat quicker, though not quite so accurate, and is as follows: After the matrix has been thickened and reburnished in the cavity a napkin is placed around the tooth so as to keep it dry, and gold pellets are packed between the teeth adjoining the matrix on the mesial and distal sides. Care is taken to burnish these pellets accurately around the margins. Remove from the mouth and proceed to fill with 20-karat solder, the gold pellets that have been packed in the matrix serving to give the desired contour. This may be done without investment.

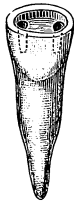


FIG. 9.



FIG. 10.

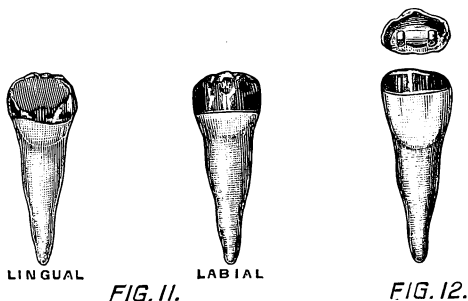
To Lengthen Abraded Cusps or Incisors.

When it is desirable to lengthen an abraded cuspid or incisor the cavity preparation is as follows: Provided there is no cavity on the mesial or distal sides and the enamel walls are not thin, nor fractured, excavate the dentine to a sufficient depth to give the finished inlay a good seat, and if the pulp is approached during excavation, and a sufficient depth cannot be obtained without cutting too near it, form grooves on the mesial and distal sides of the cavity, between the enamel and the pulp; carry them labio-lingually and to a sufficient depth to give good anchorage. Bevel external enamel toward the cutting edge to allow the matrix to slightly lap the walls. This will give a lap joint in the finished inlay. (Fig. 9.)

Cut a piece of matrix metal the shape of the cavity, but very much larger, anneal and force into position with a pledget of wet cotton held in the pliers, malleting it down to place with the orange wood plugger in the automatic mallet. Remove the cotton and with a small round burnisher burnish the matrix into these grooves, which are in the floor

of the cavity. The gold will tear when burnished into these grooves, but the tears may be mended with pellets pressed down into them. Remove the matrix and flow a little 22-karat solder in the bottom. (Fig. 10.) Replace the matrix in the cavity, and burnish the gold over the labial, lingual, distal and mesial sides, covering well the beveled enamel.

Dry the matrix and with a piece of modeling compound, dry heated, take an impression. Chill the compound thoroughly before removal. When the impression comes away it brings the matrix with it. Run a model in sump and separate, care being taken not to pull the matrix from the model. A piece of matrix gold is formed to represent the missing portion of the tooth and is waxed in position on the end of the matrix. (Fig. 11.) This piece should lap the labial enamel. The tooth containing the matrix is cut from the model and invested. The wax is washed out and the matrix fluxed and flowed level with 20-karat solder,



the contour piece serving to carry the solder the desired height. The resultant tip is trimmed and partially polished, cemented in position, and finished as any other filling. (Fig. 12.) The result obtained is one of permanency and if all details have been carefully followed a most pleasing contour may be confidently expected.

A Knife Blade in the Hard Palate.

By PHILIP S. CUMMINGS, D.D.S., Durango, Mex.

A peculiar, and, I should judge, rare case came to my notice some few days ago, which I think would be of interest to the profession.

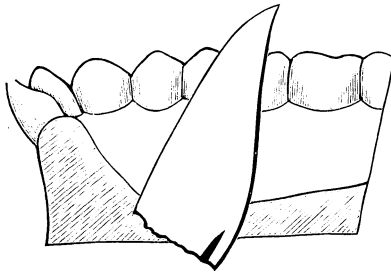
While in a mining camp, some one hundred and fifty miles from here, I was requested one morning by an old woman to go to her house to *extract* some glass from a boy's face.

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According to her story, during a drunken fight the night before among some of the participants in a peon dance, one of them was struck in the face with a bottle, which breaking, had left pieces of glass in the wound.

On calling I found a filthy room about twelve feet square, regular Mexican peon style, full of smoke from cigarettes and a fire in the corner, and dark. The only light was admitted by a small window about ten inches square placed about seven feet above the dirt floor—and stuffed nearly full of old rags so that by no chance could fresh air enter—and also by a low, small door filled with friends and curious onlookers.

The boy was lying in a corner and covered with dry and clotted blood, nothing having been done to help him. I immediately ordered hot water and washed his face, when I discovered a cut starting at a point on the right side of his nose about one-half centimetre from the median line and one cm. below the level of the corners of his eyes, and



running diagonally to a point one-half cm. inside of the right corner of his mouth. The nose and upper lip were split through their entire lengths, the cut being eight and one-half cm. long. There was also a cut about one and a half cm. long on the lower lip.

I washed the wound thoroughly but found no glass in it and so announced to those around, whereupon they told me to look *in his mouth*, which I did. There I found something hard and firm protruding about two and a half centimetres into the mouth from the median line of the hard palate, which, upon examination, proved to be the point of a knife blade. It was solid and hard in its place in the bone, and could not be moved.

I obtained permission from the police to move the patient to a small town about six miles away, where I could get the help of a physician and friend, for I saw that, besides needing assistance, the wound would have to be stitched, and I was not prepared for such work. On reaching the office, we both tried to loosen the blade, by grasping it with forceps. It

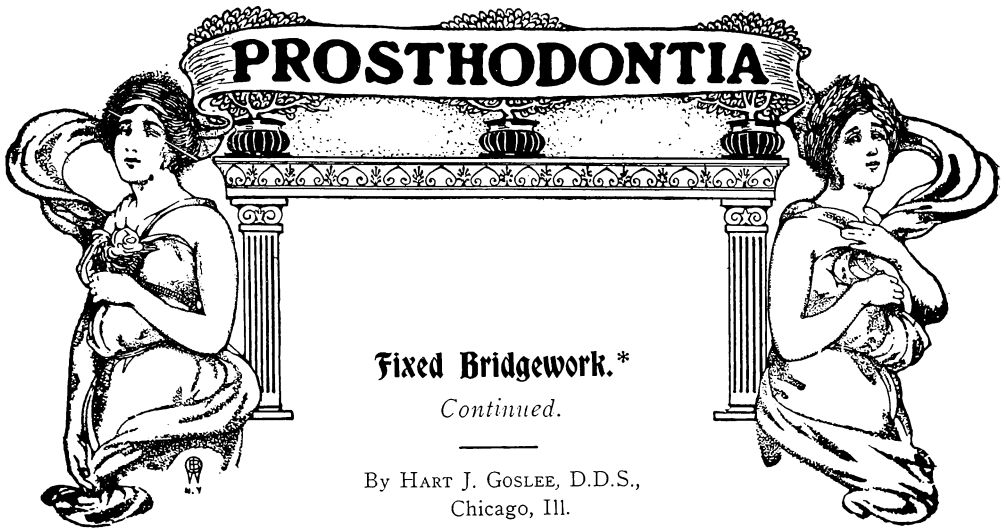
could plainly be seen in the mouth, and also barely felt in the nasal cavity by passing a finger through the cut in the nose, but it would not move.

Finally, by the doctor holding it with a pair of forceps in such a manner that it could not be forced posteriorly, with two or three sharp blows on the point with a hammer and a blunt instrument, I started it, and then pushed it back into the nasal cavity, where by grasping it with the forceps it was easily withdrawn through the cut. We then washed the wound again thoroughly and placing stitches in the nose and lip, packed the nostril with gauze and bandaged the head. The work was done without any anesthetic.

The blow occurred about midnight and we removed the blade about 3 p. m. Evidently the bottle story was pure fiction. He was struck with a knife which was driven downward and backward through the nose, nasal cavity and hard palate; here it broke, leaving part imbedded in the palate about as I have shown in the sketch; that portion remaining in the assailant's hand caused the rest of the cut through the nose and lips.

The wounds are healing finely and aside from a badly disfigured face, the boy will probably suffer no inconvenience.





Assembling, Finishing, Mounting and Repairing.

The features and procedures incident to assembling, finishing, mounting and repairing fixed bridgework are of importance almost equal to those involved in the study and application of the foundations, and should be observed in detail quite as fully as any other part of the process of construction, while it is manifest that a knowledge of the last is equally as essential.

Assembling.

Although the principles underlying the final assemblage of the various separate parts which comprise the structure have already been more or less carefully considered in the chapters on "Investing" and "Soldering," yet, the requirements as applied exclusively to bridgework will, nevertheless, be briefly emphasized.

When all of the parts have been completed to point of finishing, it is then first necessary to determine whether the case is to be invested on the model, or detached therefrom and invested separately, in which decision one is guided more or less by the size of the piece.

In large bridges or those involving three or more "abutment pieces," the danger of displacing some part or other in attempting to remove it from the model, usually indicates that the safest procedure is to allow it to remain *in situ* thereon.

This may be done by first securely uniting the various parts along

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the lingual surface with hard wax, and then further insuring the preservation of their proper relation by covering the exposed outer surfaces of metal and porcelain with a thin layer of investment material or plaster. (See Fig. 24.) When this is hard, the case, model and all, should be removed from the articulator, and the model trimmed down until only enough of it remains to hold the parts together. It is then ready to be invested. Even though the model be of plaster the small piece thus remaining will in no manner interfere with the process of soldering if it be completely covered with investment material.

In small cases where there are less than three abutment pieces it may be quite safe, and even preferable, to remove the parts from the model, thus preserving it, and invest separately. When this procedure seems desirable the abutment pieces should first be detached in such manner as to admit of their accurate replacement, then properly readjusted to position, the dummies also arranged in their correct place, and the relation sustained with hard wax, when all may be removed and invested.

Previous to the final arrangement on the model, if the surface between the "abutment pieces" be covered with tin foil to prevent the hard wax from clinging thereto, the ready removal of the parts after being thus temporarily assembled will be greatly facilitated.

An observation of the following additional precautions will contribute much to the successful investment of the case, whether it be large or small.

First, all parts to be exposed after investing should previously be well covered with wax as a means of indicating the surfaces which are to be ultimately exposed, and of keeping them perfectly clean.

Second, the *interior* of all "abutment pieces" *must be well filled* with plaster or investment material prior to investing, as a means of preventing the accumulation of excessive heat which may fuse them.

Third, the investment should be trimmed down until no surplus beyond the *actual* requirements remains, and until all of the wax is exposed. This in turn facilitates the free exposure of the metal parts, and diminishes the degree of heat required to solder.

Fourth, the wax should be carefully removed with a small sharp pointed instrument, and any overhanging edges of the investment then trimmed away until the metal surfaces of both "abutment pieces" and dummies are *freely* exposed. Strength in the investment should be obtained from the under side in order to admit of this, and thus facilitate and expedite the process of heating up and soldering.

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Fifth, the requirements of *contact* between the parts; of adaptation in the event of the use of connecting bars or wedges for preserving the proper relation and insuring strength; of *flux*, and of preventing the solder from flowing where it is not wanted, should be observed before the case is heated.

In the assemblage of bridges involving the six anterior teeth it is always necessary to observe some means of insuring adequate strength in the union, and of preserving the individuality of the incisor facings by preventing the complete union of their backings from cervical to incisal end. Indeed nothing so enhances the appearance of anterior bridges assembled with gold as avoiding a show of gold between the facings.

While it should first be observed that the backings do not come in direct contact *between the pins and the incisal ends* (which should of course be noted before the case is invested) this particularly desirable

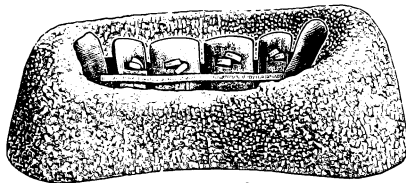


Fig. 336.

feature may be best obtained by filling in between the incisal ends of the backings *before the case is heated*, with a thin solution of whiting. This may easily be done with a small pointed brush and will accomplish the purpose by preventing the solder from running into the joint and uniting the backings at these places.

As such a procedure will usually leave but a very small portion of the backings in contact, and to be united, extreme care must be observed to obtain the necessary strength in the assemblage. This may be insured, however, by fitting a piece of round iridio-platinum wire about 18 gauge, directly over or immediately under the pins, and across the backings from cuspid to cuspid, before the case is heated, and then allowing the solder to flow only over and around this wire from one end to the other. (Fig. 336.) Ample strength, and a better lingual contour will then result, and the cosmetic requirements will at the same time be highly subserved.

The former practice of placing thin pieces of *mica* between the incisal ends of the backings for this purpose is objectionable for the rea-

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son that it is frequently attached to the porcelain by the fusion of the borax, and becomes exceedingly difficult to remove. Small pieces of paper or cardboard are also used in a similar manner, but, while they preserve a space between the facings, they do not prevent a union of the backings.

No special precautions other than those mentioned are demanded in the assemblage of posterior bridges, except perhaps that the requirements of strength and contour must also always obtain. Both of these may be secured by the employment, in similar manner, of an iridio-platinum wire of from 14 to 16 gauge, thus requiring less solder and insuring greater strength and better contour. In this connection it is always desirable to carry as small a quantity of solder to the melted state at one time as possible, in order to minimize shrinkage, and the value of the use of wire in this manner is therefore apparent.

Saddle Bridges. The employment of wire as suggested will also be found particularly useful in the assemblage of saddle bridges because of the greater space between the saddle and the cusps which must be filled in order to have the desired lingual contour obtain. Globules of scrap gold may also be used, or, if desired, those of copper or german-silver may be employed providing they are not melted so as to become alloyed with the solder, and also provided that they are completely covered with solder so as not to be exposed in finishing.

Extensive Bridges. Because of the shrinkage of solder, and of the fact that it is not always possible to entirely overcome or control it, the assemblage of extensive bridges involving nearly all of, or the entire denture, may invariably be best accomplished by first dividing them and investing and soldering in sections, and then subsequently uniting the sections.

In cases, for instance, which extend from the molars on one side to those on the other, if soldered all at one time the shrinkage may be so great, owing to the curvature, as to preclude the subsequent adjustment of the piece to its position in the mouth. Indeed in such cases this will be the usual result unless proper precautions are observed.

After the assemblage on the model, however, if it be divided at the median line and each lateral half invested and soldered separately, no difficulty will be experienced. Each piece may then be finished, and adjusted to position in the mouth, when an impression in plaster should be taken. This should be filled with investment material and the model obtained, after which it may be trimmed small and invested, and the two-

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pieces then united in the center, when it will be found that they will go readily to place.

Soldering.

All of the precautions incident to soldering which have been previously mentioned must be observed, but by way of emphasis it should be remembered that no effort to accomplish this procedure should ever be attempted until the case has been allowed to remain on the burner sufficiently long to become *thoroughly* heated. If the surfaces of metal and solder have then been properly fluxed, but little effort will be required, and the ordinary combination mouth blow-pipe will answer the purpose. While compressed air may be used by skilled hands, still it is easier to regulate and control the heat with the mouth blow-pipe, which is therefore manifestly more reliable and safer.

In the management of a large quantity of solder such as is required in assembling bridgework the procedure may be greatly facilitated by first cutting the solder into good sized pieces, and then using the sharpened point of an ordinary *slate-pencil* to pull, push or guide the solder when in a plastic state to the desired point, as recently suggested, and, in placing the solder, long pointed pliers may be used with more comfort, of course, than short ones. When considerable filling in between the parts is required, previously melting the solder into various sized globules, and then packing these into the spaces before fusing, will also facilitate and expedite the work.

Finishing.

Much of the artistic effect to be obtained in the construction of dental bridges will depend upon the manner in which the work is finished before mounting and many otherwise well constructed pieces lack those earmarks which stamp them as artistic productions simply because they are not properly finished.

While the *finished* bridge workman need not class himself, nor be classed, as a "dental jeweler," still his every piece of work should nevertheless be finished *like a piece of jewelry*, and he is not a "finished" workman nor even a good goldsmith unless it is.

This is not altogether a purely *cosmetic* requirement either, for the manner in which a piece of work is finished will have much influence upon its *hygienic* qualities, and therefore it is apparent that these combined requirements demand that proper attention be given to this part of the detail of construction.

The fact that the work of some operators never looks as well as that

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of others, of perhaps equal skill, may invariably be attributed to the further fact that the one will spend an hour, perhaps, to accomplish that which the other would try to do in a few minutes. This time, however, is by no means wasted because well finished work will not only look better at the time when it is mounted, but by being well finished will *always* look better, for the reason that highly polished surfaces of metal will resist the chemical action of the secretions more permanently, and will also be more easily kept clean and therefore will be more hygienic.

In the process of finishing the first essential is
Engine Work. to subject the piece to the acid bath and allow it to remain therein long enough to dissolve all particles of flux and investment material which may cling to it after soldering. When this has been accomplished the acid should be thoroughly removed with water and the piece then finished with small thin-edge carborundum stones used in the engine.

This preliminary process should be continued until all solder pits and inaccessible pockets have been more or less obliterated, and until the finishing lines between metal and porcelain are well defined, and all of the surfaces contoured as desired and perfectly smooth. Coarse, medium, and then fine emery or sand paper disks should be used until the deeper scratches are well removed, when the piece is ready for the lathe.

As applied to the work to be done on the lathe
Lathe Work. every observable scratch should first be worked down with a fairly thin felt wheel and moistened pumice-stone until the piece is ready to be polished, when a stiff brush wheel and moistened whiting, or precipitated chalk, followed by the soft brush, and then by the "buffer" will result in imparting the high degree of finish which is desirable, and a few minutes thus expended will be productive of the advantages mentioned.

Rouge and other jeweler's polishing compounds are frequently employed and while not objectionable the polish obtained by the proper use of whiting is generally preferable, and the lathe work cleaner.

Nothing adds more to the highly artistic appearance, nor to the permanency of the finish, than
Gold Plating. to subject the piece to the gold-plating solution after it has been well polished. This imparts a uniform color to the metal parts, and a resistance to the chemical action of the secretions, which is not otherwise obtainable, and will be more or less permanent in accordance with the number of times which the piece may be removed from the solution, repolished with the buffer and whiting, and then replaced

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therein. Two platings with a good polishing in between them, however, will usually suffice.

While the details pertaining to this particular phase of the subject have received a more complete description elsewhere (see page 279), a simple and inexpensive apparatus to be used in combination with the commercial plug known as the Teter Tap, has been suggested by Dr. C. S. Case, of Chicago. In the use of this the current may be taken directly from the socket which supplies it for illuminating purposes, the resistance being obtained through the use of an *eight* candle power lamp in serial connections therewith.

Mounting.

Few of the details incident to the application of fixed bridgework are more important than those involved in properly and securely mounting it in the mouth, and this procedure, therefore, requires painstaking care.

Preliminary Requirements.	Preliminary to the final mounting it must of course always be first ascertained that the piece goes readily and accurately to place, and that the occlusion is correct.
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In this connection it not infrequently happens that some difficulty may be encountered in adjusting the piece to its proper position because of the lack of perfect parallelism between the abutments, which may not have been noted in the construction of the abutment pieces, and which does not become apparent therefore until effort is made to adjust the assembled piece.

Indeed it will sometimes seem as though a proper adjustment would be quite out of the question, until by gradually and carefully enlarging the *openings* of the canals for dowel crowns, or by further grinding away from the interfering approximal surface of a posterior abutment, or both, the piece may be finally slipped over and forced to place. In these instances extreme care and even more than moderate patience may be required, but time will usually result in effecting the proper adjustment.

When this has been obtained the occlusion should be noted and if alterations are necessary they should be made at this time by removing, grinding and then readjusting until a degree of accuracy obtains, which will insure comfort and usefulness, and then such surfaces as have been ground should be again polished.

Because of the discomfiture which may result from the wearing—even temporarily—of a bridge which does not occlude properly, together

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with the danger to the porcelain teeth or facings thereby offered, the patient should under no circumstances ever be dismissed until the occlusion of the piece has been made perfect, and all undue stress relieved.

While it is permissible to finally and permanently mount all small bridges as soon as these requirements have been observed, in larger cases, where two or more abutments are involved, it is *always* the best practice to have the patient wear the piece for *one* or perhaps *two* days before finally and permanently mounting it. By so doing the roots and abutment pieces become adjusted to their proper relation with each other in such manner as to greatly facilitate the final procedure, and better opportunity is thus offered for observing and remedying any slight imperfections which may exist. Unless mounted with some temporary medium, however, such as "temporary stopping," it is never advisable to allow the patient to wear a bridge longer than two days, because in this time it will become foul, and get loose, and the accuracy of the adaptation of the "abutment pieces" may thus become destroyed by the mobility.

When these preliminary requirements have been observed, and the ready adjustment of the piece is thereby insured, both it and the abutments should then be prepared for the final and permanent mounting.

In typical bridges if *cement*, which is recognized as being, perhaps, the most permanent medium, is to be employed the first precaution necessary is to observe some means of precluding or diminishing the attending discomfiture which results from the irritating influence particularly of the oxyphosphate cements. This may be accomplished by the topical application of a 2% solution of cocaine around the abutments, or by painting the interior surfaces of the bands with 95% carbolic acid, and forcing the piece to place and allowing it to remain for a few moments, as previously recommended in connection with the mounting of crowns.

The abutment pieces should then be thoroughly dried with hot air, and the dowels covered with gutta-percha, temporary-stopping, or varnish, in accordance with the requirements in this connection which have also been previously mentioned in connection with crown work.

When the piece is thus properly prepared, the abutments should be rendered aseptic by the free use of absolute alcohol, and subsequently dried with hot air. As a means of keeping them dry during the procedure the cheeks or tongue should be kept away, and for this purpose the non-absorbent aseptic cotton rolls prepared by Johnson and Johnson will be found particularly useful, and these may in many in-

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stances be held in place with the clamp designed by them for the purpose. (Fig. 337.)

The cement should now be mixed (preferably by an assistant) to a thick creamy consistency, and the canals first filled, and then the abutment pieces, when the bridge may be gently and gradually forced to place.

As soon as the adjustment has been made the patient should be immediately required to close the mouth firmly in order that the operator may ascertain that the proper relation has been obtained, and that the occlusion is correct, and when it is found to be as desired, a *firm* closure should be maintained for a period of five or ten minutes, or until the

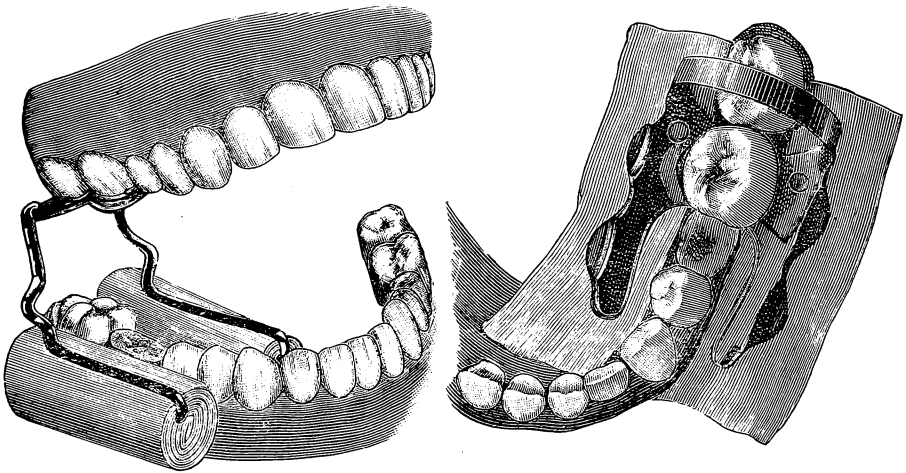


Fig. 337.

cement may have had opportunity to become fairly well crystallized before the piece may be subjected to the influence of stress in a lateral direction.

After the lapse of a few minutes for this purpose, a more complete crystallization may then be hastened by a spray of hot water, by hot air, or by any of the electrical heating devices, when all of the surplus should be carefully removed.

To insure the thorough removal of all surplus and thus avoid the subsequent irritation which may be induced by hidden particles, silk floss should be used in between and around the abutment pieces in such manner as to dislodge any nodules which may remain under or within

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the free margin of the gum, after which the topical application of campho-phenique as a healing agent will be found beneficial.

In the event of the previous filling of the root canals of an abutment, by another operator and at another time, remote or otherwise, they should nevertheless always be closely examined by the one who constructs and permanently mounts the bridge, for only by this means may it be ascertained that they are well filled, and this is imperative for the reason that one thus assumes the responsibility for conditions which may have to do with the permanency and comfort of the piece.

While several methods and appliances for excluding moisture during the mounting of fixed bridges with cement have been devised, none of them serve the purpose better than the one mentioned, or, is so generally or universally applicable.

In the mounting of saddle bridges with cement
Saddle Bridges. the greatest possible care must be exercised in order to preclude forcing the cement in between the saddle and the tissue, and to avoid the irritation which will result therefrom after crystallization.

Indeed, as a general rule, it is so difficult to provide against this with any degree of certainty, that it is invariably the best practice to mount such bridges with gutta-percha.

Where cement is used, however, the possibilities of subsequent irritation may be more or less largely overcome by first coating the surface of the saddle with *gum acacia* dissolved in water, as suggested by Dr. G. W. Whitfield. This hardens more or less readily, and the cement will then be forced out from between the saddle and the tissue, hence any adhesion of it to the surface of the saddle is thus prevented. It may also be advantageous to place the immediate center of a piece of fine waxed silk floss of considerable length over the saddle, before mounting, and then subsequently removing any cement by drawing this backward and forward across the saddle from one end to the other, while the patient maintains a firm inclosure upon the bridge. Aside from these or similar precautions the procedure as above mentioned should be observed in detail.

The use of gutta-percha as a mounting medium
Gutta-Percha. for all types of fixed bridgework is becoming more and more general in proportion as its advantages are recognized, and its manipulation is mastered, yet in its present form it is doubtful if it will soon, if ever, entirely supersede cement, or if it offers the same opportunities for permanency.

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Advantages. The advantage offered by this form of mounting lies mainly in the comparative ease with which the bridge may be subsequently removed in the event of necessity, and without injury to the abutments, supplemented by the relief afforded to the porcelain part on account of the more cushion-like effect obtained because of its possible elasticity as compared with cement, and by the absence of any cause for irritation since no surplus, outside of the actual requirements, need obtain.

Application. In the application of gutta-percha as a mounting medium, the ordinary pink base-plate material seems to offer the greatest opportunity for permanency, because of its inherent toughness and integrity. In its use it should be cut into small narrow strips for dowel crowns, and small square pieces for telescope crowns, and as it can only be manipulated at a temperature which will admit of ready and accurate adjustment,

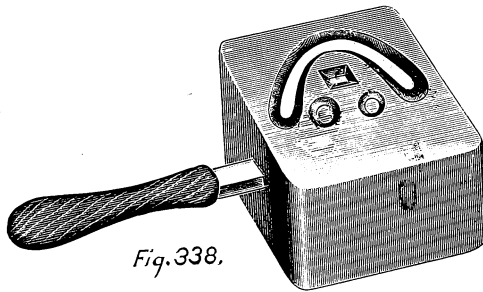


Fig. 338.

these should then be placed on a smooth surface of hot iron, or of some heating device which avoids contact with the flame, until the greatest possible plasticity is obtained. Fig. 338 illustrates a heating device designed for this purpose by Dr. Geo. Evans.

When the piece involves a dowel crown, if the dowel is smooth its sides should first be serrated or roughened with a sharp cutting instrument, and then moistened with oil of cajaput, or eucalyptus, as a means of obtaining attachment thereto, and one of the plastic strips then coiled around it and molded to closely follow its form with the fingers. The bridge should now be placed upon the heating device and allowed to remain until this is again plastic, when, after moistening the canal with water from a small syringe, or some essential oil, to prevent the gutta-percha from adhering thereto, the bridge should be forced to place.

This procedure should be repeated until enough of the material to completely fill all of the space between the crown or abutment piece

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and the root has been added, and no surplus, beyond this, remains, and the same procedure should then be repeated for the telescope crowns excepting that in this type of crown the small square pieces are used instead of the strips, and these are placed in the cusps and around the band, the surfaces of which should previously be roughened or serrated with a sharp instrument.

When a sufficient quantity of gutta-percha has thus been molded into each abutment piece *separately*, the bridge should again be placed on the heater, and the abutments then dried with alcohol, and subsequently moistened with a thin solution of gutta-percha in cajaput or eucalyptus, when the piece may then be finally forced to place.

This solution is used as a means of facilitating a more secure attachment of the gutta-percha to the roots, and may be easily made by first dissolving the material in chloroform—which is a more ready solvent—and then gradually adding the cajaput or eucalyptus as the chloroform becomes evaporated until a stable solution of the proper consistency obtains.

Because of the refractory properties of base-plate gutta-percha, and in order to overcome this, and thus simplify the manipulation various so-called “gutta-percha cements” are now manufactured and more or less extensively employed, and the outfit of this kind suggested by Dr. Geo. Evans, is very complete. Although such preparations may be found useful, still the increased plasticity and a possible shrinkage makes the permanency questionable, and therefore, since it is these same refractory properties which enhance the value, and insure the maximum integrity of gutta-percha as a mounting medium, the best and most permanent results are doubtless to be obtained from its use in the manner indicated.

Repairing.

So long as this porcelain facings are employed; faulty occlusions are allowed to exist and remain faulty; for purely economical or other reasons the requirements of strength are not religiously observed, and patients are not cautioned to, and do not exercise moderate care, the occasional repair of fixed bridgework will become to be a necessity. For these reasons it is evident that the operator must possess a knowledge of the procedures incident to effecting repair in the best and most expedient manner.

Perhaps the most common accident which happens to fixed bridgework is the fracturing of porcelain facings, but unless this is accompanied with other complications which demand the removal of the piece, the pro-

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cedure is usually comparatively simple and easy, and, as applied to bridgework, is identical with that incident to the replacement of single facings as previously considered at some length in connection with crown work.

While one or even two facings may be replaced by any of these previously mentioned methods, still, when the replacement of more than two on the same piece is demanded, it is usually best to remove the bridge, obtain models, and attach the new ones by backing them up and soldering.

Removing and Soldering.

When the removal of the bridge is demanded as a means of affording opportunity for thus attaching new facings, or for effecting repair of the metal parts by soldering, the greatest care must be exercised to avoid inflicting unnecessary pain upon the patient, and to preclude the possibilities of doing injury to the supporting roots.

For this reason it is necessary to first break or destroy the integrity in the attachment of the abutment pieces. In this connection the shell or telescope crowns should first be loosened, and if it be desirable to preserve the continuity of the band in order to admit of subsequently replacing the crown, this may best be accomplished by means of drilling a small hole under the cusps, and lifting it upward or downward with a heavy pointed instrument as previously described and illustrated in Fig. 114, until it is loosened. If the crown is not to be used again the crown-slitting forceps, if preferable, may be employed for this purpose. The dowel crowns should then be likewise loosened in their attachment, but unless this may be accomplished by the degree of mobility afforded by the loosening of the other end, and by the gradual working of the piece, the procedure is considerably more difficult, and may require that the dowel crowns be first separated from the remainder of the bridge, which may be done with a thin edge carborundum stone; or else that the dowel be separated from the cap by means of a small stone and then a bur, used in the engine, as also previously described in connection with crown work. (See page 184.)

As soon as all of the abutment pieces are thus loosened the piece may be detached and all remaining cement then removed with a suitable bur, after which it should be subjected to the acid bath and allowed to remain therein until perfectly clean.

If much mutilation of the crowns has resulted they should be separated from the piece with a fine mechanical saw, and then repaired, or replaced by new ones. After repairing the old ones, or constructing new

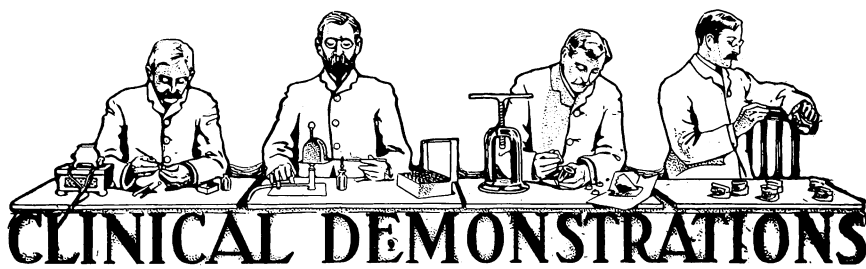
PROSTHODONTIA

ones, they should be adjusted to place on the abutments and an impression and model obtained, after which the remaining parts may be assembled on the model and the case invested and soldered.

Where broken facings are to be replaced by new ones, the old backings should be sawed out, and the remaining parts placed in position in the mouth and an impression and model obtained, when the new facings may be selected, ground to fit, backed up, and the case then also invested and soldered.

In order to facilitate the repairing of bridges which have been worn, by means of soldering, however, it is always necessary to observe that absolute cleanliness of the parts has been effected.





Method of Making Richmond-Davis Crowns.

By Dr. M. CHAMBERLIN, Cody, Wyo.

Make a cap with post the same as in Richmond crown. Place cap on root in mouth of patient and select shade and size of Davis crown to be used. Have the tooth a little short rather than too long.

Burnish 32-gauge pure gold over base of crown, after which make a hole through gold for pin to be inserted. Cut the pin off just above the shoulder from the crown. Attach pin to gold with 22-karat solder, holding them with pliers. Then place the gold with pin attached over



crown again, swedge and trim to place, leaving the gold to lap a little on the approximal sides.

See that the projecting ends of both pins are ground off smooth and the tooth properly adjusted in the mouth. Place a bit of sticky wax on the root cap, and after warming the crown cap, stick tooth to proper position and remove from root. Also remove crown and holding both caps together with a pair of pliers with points bent inward, dry out wax slowly and fasten together with 22-karat solder. Solder can be applied till sufficient to make a proper joint.

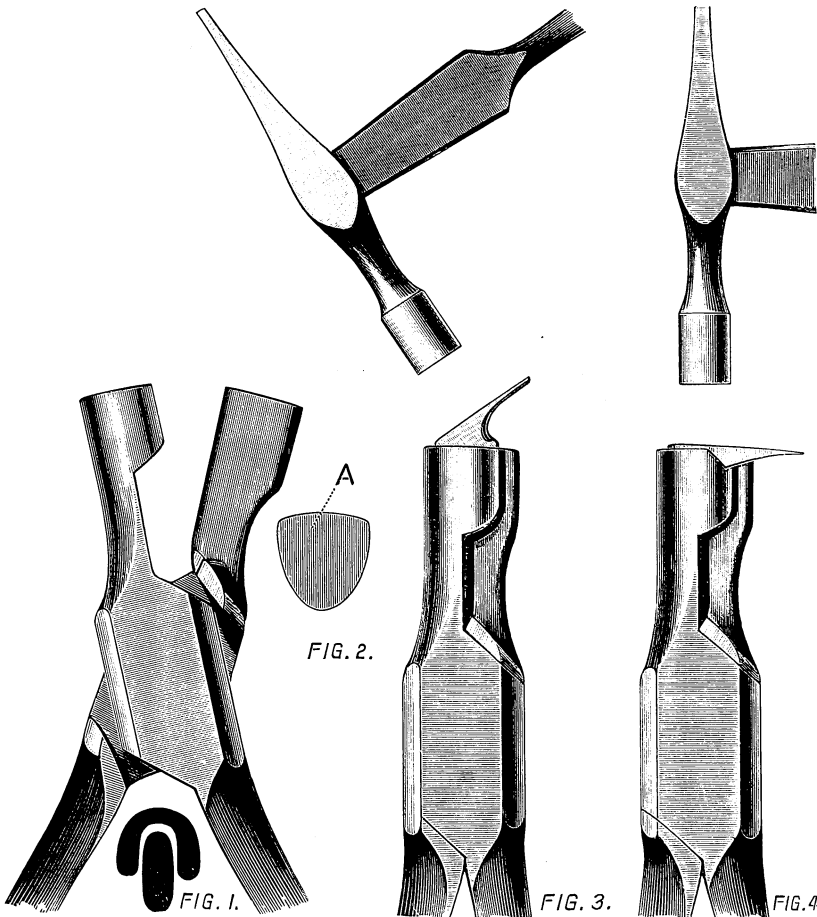
Cement crown to attachments first, then to root. No investment or impression is necessary unless desired.

The Sanger Half-Collar Crown.

By R. M. SANGER, D.D.S., East Orange, N. J.

Clinic before the New Jersey State Dental Society, July, 1904.

The crown to which I desire to call your attention is what I have denominated the Sanger half-collar crown. I am fully aware of the fact that half-collar crowns are not new, but the difficult and unsatisfactory



methods of constructing them have deterred many from attempting their use, preference being given to the full collar. It is in the belief that I have found a simpler method of constructing a half-collar which will

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give all the advantages and none of the disadvantages of the full collar crown that I make this presentation. This is done by means of the pliers shown in Fig. 1 and the procedure is as follows: A piece of pure gold plate, gauge No. 32, is cut to about the shape of Fig. 2. Being annealed it is grasped at the straightest edge (Fig. 2A) with the pliers and hammered down to the flat end of the pliers with a small riveting hammer (Figs. 3 and 4) until it assumes the shape shown in Figs. 5 and 6. With a pair of curved shears it is cut along the collar on the outside at A A,

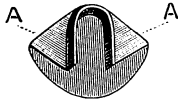


FIG. 5.



FIG. 6.

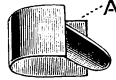


FIG. 7.

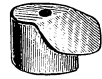


FIG. 8.

Fig. 5, and trimmed down so that the metal tongue will pass between the two free edges of the collar, as in Fig. 7. It is then placed on the root in the mouth and burnished and trimmed to fit, the root having been previously shaped as in Fig. 12. It is then carefully removed and soldered along the free edges on the outside and the points cut off, giving you a half-collar cap, as shown in Fig. 8, which perfectly fits the root.



FIG. 9.

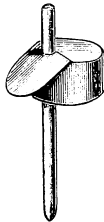


FIG. 10.



FIG. 11.



FIG. 12.

The balance of the work is the same as in the construction of any backed and soldered crown.

If, however, you desire to construct an all-porcelain crown, No. 32 gauge platinum is used instead of pure gold, and the two ends (Fig. 7A) are not cut off, but are burnished down to the tongue, when the cap is burnished to shape in the mouth, to give additional stiffness, and then soldered with pure gold or platinum solder where they lap. The cap is again placed on the root and a platino-iridium pin is pushed through the cap, but instead of cutting it flush it is allowed to extend

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above the cap, as in Figs. 9 and 10. A little sticky wax is placed on the pin and cap, and they are carefully withdrawn and soldered together on the outside. A cross-pin plate tooth is selected and ground to fit in the mouth with the cap and pin in position; the pins are bent around the post as in Fig. 11, and, with the aid of a little sticky wax, it is all withdrawn, invested, and soldered at A, Fig. 11. This holds the facing firmly in position while the porcelain is built up and baked to the proper contour on the palatal surface.

A Logan or Davis crown can be used with the platinum half-collar by grinding the crown well off at the palatal and approximate edges,

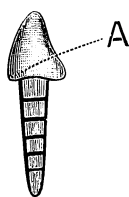


FIG. 13.

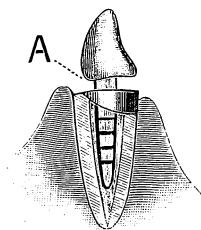


FIG. 14.

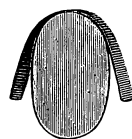


FIG. 15.

Fig. 13A, and with the cap in position in the mouth a little moist porcelain body is placed around the pin and under the edge of the crown, Fig. 14A, and the crown is pushed to place. With a burnisher the cap and crown are teased off together, placed in the furnace and fused. A second baking will be necessary to restore the palatal contour and fill in the shrinkage. The work must be heated and cooled slowly to avoid checking the crown. I have said that this is a universal instrument, and so it is, as the size of the collar depends on the size of the hinge. Fig. 16 shows the disk cut with the wings extended and showing the hinges. By cutting a little further around these wings can be compressed to fit the smallest root, while by cutting a little away from the band, Fig. 5A, the wings can be extended to fit the largest root. Dr. Smith, of Cincinnati, has also suggested the use of this instrument to form the full collar by taking a dentimeter measure of the root, cutting your gold disk, Fig. 1, wide enough at edge A to encircle the root with the wings.

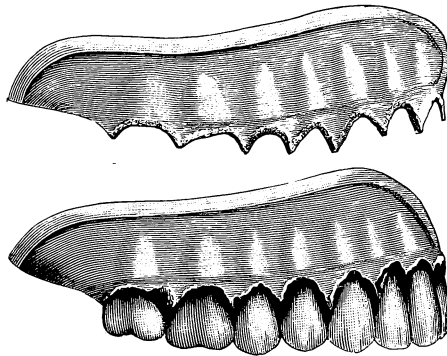
Carved Gums for Vulcanite Work with Papier Maché Forms.

By Dr. WM. BROADBENT, Salt Lake City, Utah.

Clinic before the Lewis and Clark Dental Congress, July, 1905.

This is a new departure in making rubber dentures, saving from one to three hours' time in the hand carving of the gums in wax, ready made carved paper gum forms, or patterns, made from papier maché. These paper forms or patterns give a hand carved effect, exactly representing the gums as they appear in nature.

Adjust teeth to model and wax up palatal portion as usual, leaving labial surface without wax, as this part of the model is to be made of the paper forms that are used in pairs (rights and lefts). Select the



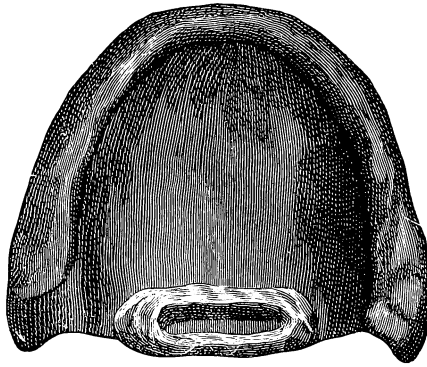
forms of the proper size, fit and adapt them to the teeth and model with a pair of small curved crown shears, holding the forms in place by the thumb and finger; place a little hot wax over the upper edge of the forms and around the cervical margins of the teeth, so that in flasking the plaster will not get behind the forms. These forms have a glazed surface and the operator will find that time and labor are saved by their use; that little or no scraping, filing or polishing are needed to the vulcanized piece as it comes out of the vulcanizer almost finished. It should be remembered that the labor of finishing the vulcanized piece has depended upon the perfection with which you hand carve your wax, but in using these paper forms or patterns your case is ready to flask within ten minutes. Flask as usual, boil out the wax and remove the paper forms; pack rubber as usual. It is therefore reasonable that a denture so arranged will feel more natural in the mouth. These paper forms will be found very convenient for the purpose.

How to Take a Bite That Must be Correct.

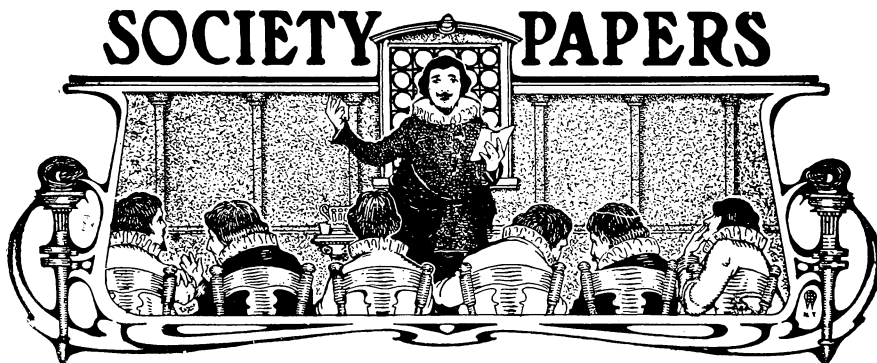
By RICHARD KESSEL, D.D.S., Buffalo, N. Y.

Nervous people are unable to close their teeth twice alike. If you wish to articulate a gold crown only it is hard to have the patient articulate correctly. In full dentures it is almost impossible to get the right bite, as most patients will throw their lower jaw forward.

My way of taking the bite is as follows: Put your patient in a com-



fortable position just as when you wish to converse with him. Prepare a trial plate in ordinary manner with a piece of warm wax upon it. At the heel of the plate put a clutch made of wax. Tell your patient to put the tip of the tongue within this clutch and close the lips. The patient is unable to throw the lower jaw forward or sideways. The reason I ask them to close the lips is because, when a patient needs a full upper and lower set of artificial teeth they have no teeth to close, and by closing their lips they are not so apt to protrude the lower jaw in case they lift the tongue out of the clutch.



Twentieth Century Dental Methods, Ideals and Ethics; a Comparison.

By ELLISON HILLYER, D.D.S., Brooklyn, N. Y.

Read before the Central Dental Association of Northern New Jersey, Jan. 15, 1906.

The close of a year is marked by various demonstrations. With some it partakes of the nature of tossing off, with a jest as it were, an old garment and the putting on of a new one; to the thoughtful it brings a momentary pause in the busy rush of life to contemplate what has passed and taking bearings therefrom plan to profit thereby in the future.

This meeting, I understand, marks the end of your society year. With this in mind and standing upon the verge of an incoming year, I ask you to look back with me for a few moments over the progress made and to consider "where we are at" in the dental profession to-day. As a society you have heard the ultimate propaganda concerning "Arsenic," "Non-Cohesive Gold," "Amalgam" and "Pulp Anesthetization"; as visitors to the numerous societies within reaching distance of you, or through reading the journals, you have been carried to the full limit of consideration of Porcelain Inlays and Gold Inlays; Prosthetic Work of every variety, including Crown and Bridge Work, X-Ray Exploitation, Orthodontia and Sterilization.

To keep up with this procession would require about ten evenings a month for attendance upon dental society meetings and more than that amount of time spent in thoughtful perusal of literature upon the subjects. A broad consensus of the general situation, if I mistake not, lies in this, that our twentieth century dental position demands that we should be *thoroughly progressive yet studiously conservative*. There are those

who are, in the general opinion of the profession "over-enthusiastic" upon some particular subject. Let us be thankful there are such to urge the laggards on to something approaching a standard of excellence. Others there are who are "conscientiously over-conservative"; meaning well, they are anxious that all new methods should be tried and proven, over and over again, by others before they themselves will take any step forward. Possibly this element is a good ballast to counteract the influence of the counterposed extremist.

**Era
of Conservative
Practice.**

The rational operator finds himself selecting the good and discarding the bad, and the general result is exceedingly gratifying. We find a growing disposition to discard the display of gold either in operative or prosthetic practice; greater care to conserve tooth structure, and consequent decrease of extraction; with less extraction, a less number of artificial dentures. We find operations becoming simplified for both operator and patient. Large gold fillings which in the past would have demanded hours of labor are replaced by gold inlays, which, while consuming perhaps the same amount of actual time, demand much less strain with magnificent results. Sterilization is practiced to an indefinite degree; not only every instrument in use, but even the cabinets and repositories themselves, are guarded from infection; our office appointments are studied in every possible way for the purpose of betterment.

**Causes
of
Dental Progress.**

Now, what has brought this about? Is it normal progress? Is it by demand of a public fast growing enlightened upon what should and what should not be? Is it the result of professional rivalry, or is it "enthusiasm run wild"? Probably a little of each.

With the highest ideals always before us, how are we individually living up to them? Probably no one would care to claim perfection—and most of us are far from fulfilling our own desires.

I once heard Dr. Wilson, of Cleveland, quote a remark which he had overheard from a dental practitioner: "Can a man be honest and practice dentistry"? This would appear to have a ludicrous side, and yet, faced squarely, it has a most serious one.

How many of us in our daily operations live up to his ideal? How many circumstances tend to render it an almost impossible task? We begin an operation with a definite ideal in our mind and find either the condition of the patient, or the operation itself impossible to carry to that point that we would desire. How often are we pressed for time that seems absolutely necessary for the fulfillment of an ideal piece of work?

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This everlasting crowding of time is the greatest enemy to our real honesty of fulfillment. I have heard Dr. Perry say that he wished he could get away into some little country town where he could spend all the time he could desire upon the fulfillment of an operation without feeling that half a dozen people were anxiously awaiting his services outside the operating room door. Doubtless the average country practitioner is just as busy—busier perhaps than some of us—and with just as little spare time to devote to ideal operations. Let us be as honest as we can be with ourselves and our patients.

Should a Dental Office Resemble a Hospital.

The limit to which we are fitting our offices: Is it necessary to make them like hospital operating rooms? *I would not decry for a moment furnishing with a view to asepsis in the greatest degree.* Let there be all the glass used that is required—and I follow the practice myself—but, to give the operating room the full-fledged hospital furnishing in glass and enameled iron, with all the dental and electrical paraphernalia in full view, seems unnecessarily ostentatious. We can be aseptic without that extreme. What we need to do for our patients is to usher them into an attractive room with everything possible of a surgical nature out of sight; with surroundings to distract their attention from the unpleasant, and to turn the channel of thought to what is agreeable. Especially is this so with children; their curiosity is easily aroused and their confidence won, but let them once acquire the dread of surroundings, or fear of an impending operation, much time will be required to regain ground which, in many cases, need never to have been lost.

Personal Conduct.

As to personality: Are we living up to our ideals in this direction? Less than three weeks ago I listened with the greatest pleasure to a paper delivered by Dr. Webster, of Toronto, before the Institute of Dental Pedagogics, giving his method of teaching students the ethics of personal conduct in the college infirmary with a view to their following the practice in after years. It would put to shame many of us practitioners to know how far we fall short of what is taught to students.

I once had a patient say to me regarding a fellow dentist, whom she had casually met—a man who is an extremist of the most rabid kind in the matter of aseptic office appointments: “Why does he not have his teeth cleaned”? Pardon the personality, but, how many of us here in this room could stand the test of an examination of the condition of our teeth which we are preaching as every-day precepts to our patients? Then, too, how about our personal appearance and habits? Do we measure up

to our ideals? Should we not strive to present to our patients the best we are capable of—both outwardly and inwardly? Should we not be as morally clean as we are apparently physically?

As teachers, we preach ethics to our students from the time they enter college until the day they leave. You must not blame the teachers for the apparent lack of true ethics in our profession. Like greatness, some students are born ethical; some, in time, achieve the idea of ethics; and some must—perforce of circumstances and their own ungovernable tendencies—have ethics “thrust upon them.”

Ethics. What do we mean by “ethics”? Not what is generally conceded—practising without advertising seems to be the consensus of the ideas of some upon the subject. Not at all! I am free to confess that I believe there are some absolutely ethical men practising an advertising business (I say “business” because it lowers itself to that level when a man commercializes his profession which advertising invariably seems to do).

Dr. Ottolengui very happily spoke at a dinner recently of President Roosevelt in the most glowing terms, and gave as his opinion the reason for the Chief Executive’s popularity with all classes; it was summed up in the well-known phrase “Give every man a square deal.” To my mind, that embodies true professional ethics. With ideals as high as we can place them regarding operations and methods, personality and society conduct, “Give every man a square deal.” That is why I have said I believe there are some advertising men who are ethical. If they see fit to advertise, so long as they are not trespassing upon their brother practitioners’ rights, and are giving “quid pro quo” to their patients, wherein are they unethical? We may bar them out of dental societies—and must do so to debar those who would encroach without license—yet they are within their personal rights. I would prefer to take off my hat to an ethical advertiser than to an “unethical ethical practitioner,” and there are many of the latter. Many would be indignant if charged with holding such a position. The main idea of some of these is to treat their patients for as much as they can make them pay; to levy a tax, so to speak, for their services without regard to the actual value of the same. I believe fees should be as large as compatible with service rendered, but the patient must have value received. Many an hour our services must be given with little absolutely to consider of remunerative value while other hours are filled to overflowing with valuable services rendered. This should always be considered in our dealings with our patients.

And our ethical societies: Do they stand for all they should? Personally, we favor the highest standard to be obtained, but all are not so

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disposed. Many men do not at all times look upon professional life as we do, but come in time to see what true professionalism really is—a *willingness to sacrifice personality for the benefit of our brother man.*

Should we not as societies strive to foster this growing inclination and help every man to raise his standard? Let us not bar out of our ranks one who may have at some time transgressed our *written code*, but who is endeavoring to live up to the best he knows and thus be the almoners of our profession.

Thus at the beginning of this twentieth century we stand on an elevated plane in our progress with heights in sight yet to be scaled.

Let us be liberal, high-minded individually and collectively for the benefit of our chosen calling.

A New Method of Making a Porcelain Faced Crown.

By Dr. D. H. YOUNG, Attica, N. Y.

Read before the Third and Fourth District Dental Societies of the State of New York, October, 1905.

In presenting this crown to you I wish simply to call attention mainly to the points which differ from those of other crowns, especially to those points in which it differs from the crown known to us all as the Richmond, because when completed it, at first sight, more closely resembles that particular crown than it does any other. These differences consist in the method of making as well as in the different qualities the crown possesses when completed.

For convenience we will take as the one to be described a superior central incisor.

Since the pin of the crown is its main anchorage and support, it is therefore a very important part of the foundation and furnishes a good place to begin the construction of the crown.

Pins of crowns in general, so far as I am acquainted with them, are placed about in the center of the roots, but in this particular crown, that portion of the pin which protrudes from the root, is placed about one-thirty-second of an inch nearer the lingual than the labial side of the root. This change gives two desired qualities; it leaves more room and freedom in placing the facing just where you wish to have it; it also permits of using a thicker facing if desired.

We usually look to the foundation of any structure for its strength and stability and in the arrangement of the pin just described I believe

we will obtain these very desirable qualities. In the natural bite the force is exerted upon the lingual surface of the upper front teeth, upward and toward the labial side and you will readily see that this position of the pin lengthens the load arm of the lever—the tooth and its anchorage being analogous to one form of lever—and therefore makes it more difficult to be displaced.

**Removable
Facing.**

The next point of difference is in the completing of the crown without subjecting the facing to the heat while soldering. In order to effect this the model is taken with the cap and pin in the desired position; the facing is ground to fit the space and the back surface is beveled on the cutting edge at quite an acute angle. This will leave more room for solder; hence greater strength is gained. Next the backing material is placed upon the facing and swedged or burnished to fit perfectly, the backing being allowed to remain flush at the cutting edge so as to give a surplus needed in finishing. The backing is then carefully removed so as not to distort it, and the surface that comes in contact with the facing is painted with whiting and sufficient solder is placed upon the cutting edge and flowed to raise it to the desired fulness, this fulness, of course, depending upon the bite. After this the backing is placed upon the facing and both are put in the desired position upon the model; a little wax is flowed from the edges of the backing to the adjoining teeth, care being taken not to get any wax on the pins. This will hold it in perfect position.

The facing is then removed, a little more whiting is flowed over the pin holes to keep the wax from coming through, and then as much wax is added to the other side as you desire solder in the finishing crown, but do not let the wax cover the cutting edge which already has sufficient solder.

By the aid of a small drill the wax is bored out of the pin-holes. In order to prevent the solder from filling up the pin-holes, small carbons, which can be made from a hard lead pencil, are placed in the pin-holes from the labial surface, allowing them to extend into the wax about one-sixteenth of an inch or not so far as to prevent the solder from flowing over their ends and giving the complete contour. A second coat of whiting is usually added at this point, covering the carbons and sealing the joints around them, thus preventing any solder from coming through.

Now the case is ready to be invested, which may be done in the ordinary way.

By slightly heating the wax it can be removed without disturbing the position of the backing. As there is no facing to break it may be heated up as rapidly as desired, and when the solder is flowed, without waiting for

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it to cool, it may be dipped in cold water and separated in a jiffy. With the aid of a spear point drill the carbons and the solder which cover their ends are drilled out.

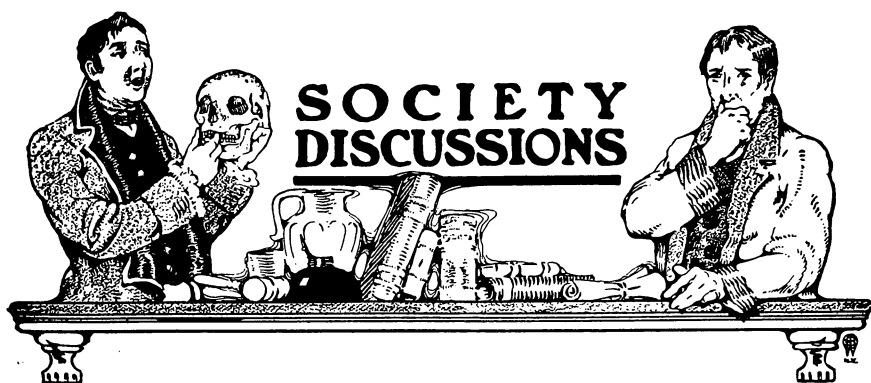
With a fissure burr held at an angle of forty-five degrees each hole is cut toward its neighbor to allow the pins to bend toward each other. A slight film of cement, light or dark as you may wish to influence the shade of the facing, is put on the occluding surfaces and the facing is pressed into place. The pins are then bent toward each other into the slots made for them and the excess cut off. Bore out the openings left at the outer side of each pin by placing a drill in them at the same angle at which the pin is bent and drill to the distance of a thirty-second of an inch. Then with a small retention burr make this little cavity retentive by slightly notching the pin on one side and the gold on the other, fill this cavity with a pledget of gold, or amalgam may be used, and you have a facing that is cemented, clenched and keyed.

Finish it off and you are positive that you have a crown with a perfect facing, and with better joints, I believe, than it is possible to obtain by running the facing through the fire. You are also sure that the color has not been changed in the fire; that the crown is a sanitary one, for if in any way there should be any space between the facing and the backing which would absorb nitrogenous material of the mouth, to become putrid afterward, such spaces have been occupied by the cement. The cement also forms a perfect bed for the facing to rest upon alike at all points, and thus it is freed from any strain caused by expansion and contraction. A strain which by the ordinary method, I believe to be often within a few pounds of the breaking point.

In making a crown by this method there is no necessity for any gold to come into view where there is a normal contour of the gum, and thereby the cosmetic qualities of the natural tooth are gained, and yet you have the added strength of the gold at all points needed.

This method of attaching the facing works equally well in bridge-work, and I have adopted it entirely in the construction of bridges.





Central Dental Association of Northern New Jersey.

A regular meeting of the Central Dental Association of Northern New Jersey was held at Achtel-Stetter's, Newark, N. J., Monday evening, January 15, 1906.

President Dunning called the meeting to order.

The Secretary called the roll and a quorum was found to be present.

The minutes of the last meeting were read and approved.

The Executive Committee reported favorably upon the application of Harold A. Welcher, D.D.S., Newark, N. J.

Dr. Welcher was unanimously elected a member of the society.

Dr. Eaton proposed the following amendment of the by-laws to take the place of Section 3, Article 10.

The election and installation of officers for the following year shall take place at the close of the regular meeting preceding the annual meeting."

It appearing that the next regular meeting would be the annual meeting at which probably the only business transacted would be the election of officers it was, on motion of Dr. Luckey, resolved that the consideration of the above amendment be deferred until the March meeting.

On motion of Dr. Eaton it was resolved that notice of the above proposed amendment be sent to members with the notice of the March meeting.

The President then introduced Ellison Hillyer, D.D.S., of Brooklyn, New York, who read a paper dealing with the subject of "Ethics and Methods."

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Discussion of Dr. Hillyer's Paper.

Dr. Luckey. It is long since I have listened to such an interesting paper as that which Dr. Hillyer read tonight.

We all, I think, aspire to be ethical—the ethical man, the man who is all that he claims to be and what he expects the profession and the world to believe him to be. It is Utopian, I admit, to expect this, for men vary in their mental caliber and one man is thoroughly ethical while another is very apt not to be. As an illustration I may mention that not long ago I attended the commencement of a dental college. Prominent on the program was the announcement that Professor Blank, M.D., D.D.S., Dean, would speak. If anything concerning the speaker's titles was left off the program I do not know what it was. What will the young men in the graduating class who have been lectured on advertising, and warned against holding one's self out to the public as superior to somebody else, think of that, and what was this Prof. Blank, M.D., D.D.S., Dean, doing? Was he holding himself out as better than somebody else or higher than somebody else? Perhaps not, but he appeared to me to be doing so, and I believe that to those young graduates he appeared to be doing so and they probably wondered why they should not do the same thing.

We never will have ethical dentists through and through until the standards erected for the young men coming into our profession are as thoroughly honest as the professors teach these young men they should be. They are all human, nearly all of them are poor; they have the commercial instinct before them all the time because they need the money like all the rest of us, and when they have the opportunity and waver in their duty they are apt to remember their graduation night and think of that headline of Prof. Blank, M.D., D.D.S., Dean.

When our next paper is read on ethics I think it should be aimed at greater heights than such papers have hitherto reached.

Dr. Bradfield. I think the greatest point Dr. Hillyer made was his hit at an ethical practitioner who pretends to do so much in his profession, and while he does not come out openly, like the advertisers, will say that you and I do our work "pretty fair." I guess that is understood.

Dr. Sanger. I feel like presenting Dr. Hillyer with a whole handful of bouquets because of the very beautiful paper he has presented to us. As I listened to the paper my thoughts were carried back over the years of my practice and I thought how different it is today from the time when I graduated. This fact was impressed on my mind recently by a lady coming into

SOCIETY DISCUSSIONS

my office and saying to me that she had a young relative who was going to study dentistry, asked whether I had any textbooks which I had used in my student days which I could pass on to him. I thought to myself how utterly useless those textbooks are today. If he took them and studied them what sort of a dentist would he make and what sort of a showing would he present before our worthy State Board of Examiners?

I do not think it is possible for us as professional men to set our standards too high. We may not measure fully up to them, but certainly unless we get them high enough we will not measure ourselves high enough and even if we do not reach the mark we may come nearly up to it.

The matter of ethics is a serious one to the younger men. We all have high ideals which have been taught us from the time we entered the dental school, and as Dr. Luckey says, we every once in a while see something that upsets the theory. We hear the advocacy of pure ethics, of small signs, and all that sort of thing, and then we see on the programs of the commencements just what he mentioned. I can hardly see what can be more in the shape of advertising than that. The situation as it appears to me as a young practitioner is that a great many of our older men, while they preach ethics in the societies and journals, do not practice what they preach. They forget that the younger men must make their offices pay them, they must keep the wolf out of the front door and on the sidewalk. Setting up high ideals is a valuable thing and we all strive to do it, but I think it is a wise plan to be consistent.

I have given a great deal of thought to the subject of ethics, and it has always appealed to me very strongly. Our ideals should be high; the higher our ideals the more nearly will we approach perfection; if we aim low we certainly will never attain anything high. The subject is a very broad one; it differs with each individual and it is very difficult for us all to agree on what is really ethical. We all agree that advertising pure and simple is unethical, where we appeal to the public in the public prints or by large signs upon our residences or offices, or where we make boastful statements to our patients of how good we are and how poor someone else was who had the previous charge of the patient, but the question is where shall the line be drawn? Is it not true that a great deal of the unethical practices of many of us are carried on in our own offices in our conversation with our patients? There is where I think we should commence to consider the subject of ethics, and not merely public advertising.

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Dr. Fowler spoke of the young man keeping the wolf from the door. That is rather an ambiguous expression and may be taken in several ways. Dr. Hillyer spoke of forgetting one's personality in one's profession. We cannot forget our personality if we think about the wolf coming through the door. There are young men I know, who lose patients because they forget their personality in the interest they take in their work. For instance, a patient comes in with a cavity where the dentist can insert a cement filling and charge perhaps a couple of dollars. You know very well if you fill that tooth the pulp will die and probably an abscess will follow, and maybe the loss of the tooth. Are you forgetting your personality when you pursue that course? You know that tooth should be devitalized and properly filled and treated, and a permanent operation made of it; but the young man is afraid to tell the patient so and of the added cost for fear he will leave the office. That is one instance where a great many do not forget their personality, and I think that is where a great mistake is made. If we all stand for the higher ideals and back one another up we would not have that to contend with.

There is one paragraph in Dr. Hillyer's paper which is very amusing to me. He said that sterilization is practiced to an indefinite degree. I think that "indefinite" is a very proper word for I know of a dentist who has a thoroughly aseptic office with every instrument sterilized, and yet he will put a clean napkin on the bracket where he places his instruments, as he takes them from the patient's mouth and never change that napkin all day long! I think that is carrying asepsis to the "indefinite" degree that Dr. Hillyer mentioned.

I expected to be interested when I learned that Dr. Hillyer was to read a paper and I have not been disappointed. I have found the various statements he has made accurate and I do not know of anything in the paper that I can find fault with. I can only commend it most highly.

Concerning Dr. Luckey's idea of the degrees a man attaches to his name, the question occurred to me, "What is he going to do with them after he spends time and money to get them?" He has evidences of them in his diploma, shall he hang it in the back office or roll it up and hide it away? We are all tempted in signing our receipts to add "D.D.S.," and we all like to be referred to as "Doctor." There must be some inducement for us to get these degrees and I think it would be rather a difficult matter for us all to hide them under a bushel. There should be some accepted way whereby they might be of some use to us. I would like Dr. Luckey to tell us what should become of those degrees.

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A man should treat his degree exactly as he does the knowledge he obtains; he should allow the public to find it out in a legitimate way and not flaunt it in their faces. The moment he flaunts his ability in the face of the public as being greater than that of another man he is an advertiser.

I think Dr. Luckey is straining at a camel and swallowing a gnat because the titles are not put on the program by the speakers themselves, but by the secretary who gets up the list of speakers.

Dr. Hillyer alluded to a form of advertising in our operating rooms. I do not think it is right for a practitioner to have drawings or plates showing various anatomical features, hung up in his office to frighten his patients; I think such things should be obliterated and in my office nothing of that kind is seen. My gas apparatus is out of sight, together with my excavators and pluggers, and everything else of that kind. Nothing is seen except my chair, my engine, and brackets; there are some little quotations placed on the wall for the entertainment of my patients. I do not think any reputable man has any right to put anything on the walls of his office but just such things as I have mentioned.

This discussion could be continued indefinitely.

Dr. Hahne. The question of ethics is a moral one and every man has to follow his own conscience. I do not agree with Dr. Luckey. I think every man may use the titles he has worked for and earned, and if he has three titles, M.D., D.D.S., and Dean I do not see why they should not be placed on the program when he is to appear. But there is a further use made of these things; we sometimes receive copies of papers that have been read, or men are announced to read a paper in the society or to appear at a meeting; or you will find their names in the directories as members of such and such society; and so it goes on indefinitely. That, I think, is a method of advertising. But I think a man has a right to the titles he has earned. If you read a paper in a magazine, or anywhere else, written by a technical man, you will generally find his title thereto—if he is a Captain in the U. S. Army it will be so stated, or if he is a Ph.D., etc.

I do not quite agree with Dr. Richards as to the ethical fitting up of an office. I have no anatomical drawings in mine and everything is put out of sight except the chair and the brackets, but I have just one little diagram showing the eruption of the temporary and secondary teeth which is hanging in a little corner behind the chimney, and I often take mothers of children there and explain it to them, and they



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thank me for doing so because in a very few minutes I can instruct them on the subject and particularly in relation to molars which are often mistaken for temporary teeth.

Every man, according to his conscience, will find the ethical standpoint, and if he leaves it to that he is doing very well.

I feel very much indebted to Dr. Hillyer for bringing this subject to our attention. It is rather a delicate matter for one to speak on and yet we all recognize the truth of many of his statements. The younger man has nothing but a theory to work on when he begins to practice, and I think it is a misnomer to call him an ethical dentist because his reputation is yet to be made. If we are just to ourselves and just to our brethren we are fulfilling all that is required in that direction.

We all feel very much indebted to Dr. Hillyer for the presentation of this subject tonight and the phrase that appeals to me most strongly is "Give every man a square deal." If we deal squarely with our fellowmen and with our patients, of necessity we deal squarely with ourselves. If we are self respecting we must respect others, and as Dr. Hahne says, every man must depend upon his own conscience. But we are told that consciences are very elastic and some of them must stretch an unconscionable distance if we are to judge from some things that we see. The ethical man is he who does for himself, for his fellowman, and for his patients the best that he can, and I do not think it is possible for a man to forget his personality in the operating room. He must have that continually in view in order to have the respect of his patients.

Many men have fads; I am willing to admit I have one; my fad is dental societies. In this little State of less than nine hundred registered dentists, there are at present six local dental societies, all of which are working towards making ethical dentists. I don't think we ought to complain of the advertising dentist because each one of these six local societies acts as a missionary in educating the public up to what is good ethical dentistry. When people go to these cheap dentists in the dental parlors they say to them "Do you belong to this or that dental society?" And as they find they do not, the patients begin to differentiate between the unethical dentist and the dentist who is a member of a dental society and in time the public will come to the conclusion that the dentist who practices ethically and does not advertise is the man to go to and the man who will give them proper value for their money, and the most honest treatment, and I believe that in time the advertising dentist will disappear.

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A few years ago they started in England the practice of inspecting the teeth of children attending the public schools. That is only a matter of evolution and in time it will come in this State. Our State society has already taken up the matter and has a very large committee now working on that subject, which is one that is bound to demand attention and I ask any of you gentlemen who are on that committee to use your best efforts to help that work along because in the end it will eventuate in your getting patients and be money in your pocket, and when these school children grow up they will not go to the dental parlors, but to the ethical dentist who is a member of the local or State dental society.

I deprecate the exposure of instruments and electrical appliances in one's office but that cannot always be helped; many of us have a cold and hot air apparatus and an electrical switchboard, and I try to explain them to my patients. While I do not have any anatomical charts on the wall I have the pictures of a number of good looking girls, some of which you have seen on the menus; those pictures are framed and hung on the wall before the chair, and I do not think there is any cause for complaint because even if there are some electrical appliances in view there are a lot of pretty girls also for the patients to look at.

I do not care for bouquets; I expected to receive a good deal of adverse criticism and in that perhaps I am a little disappointed. I am sorry Dr. Luckey has gone out because I think I could answer his point. Fortunately the Dean he spoke of cannot be of our own college, as our dean is not an M.D., D.D.S. Dean, so I do not feel the delicacy I otherwise might in speaking on that subject. As a matter of fact anyone connected with university work knows that degrees are purely university matters. When you go to a graduation at Columbia you will see men with their robes on and they look like high priests, but they do not put on those robes in ostentation, but simply because they represent a degree conferred in an honorable way and given for an honorable purpose; and at a university commencement it is perfectly legitimate that a man should have all the degrees assigned that he ever held and I do not think any program ever contained the name of a man who had it put there simply for the purpose of showing how many degrees he has, and I do not think it is intended for the display of any personality at all.

Dr. Fowler spoke about the young men. It is not so many years ago that I began to practice but I quite recognize that every man has to make his way; nevertheless it is not necessary that he should force his way on his own feet; if he cannot do that, there are plenty of opportunities for him to work for others for a while until he can get on his own

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feet. It is not necessary that a man should advertise or be unethical simply because he has to make his bread and butter, for there are opportunities for a man to make his bread and butter otherwise.

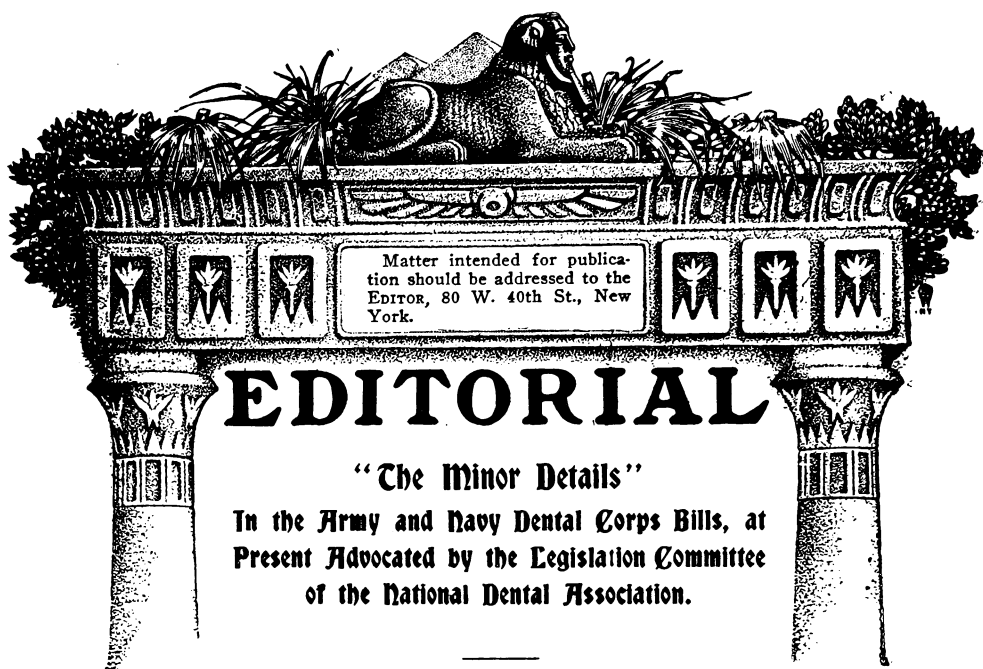
When the Chairman of your Executive Committee asked me to write a paper I thought that it was time something was said concerning the question of ethics. It is a personal matter and one in which we must be consistent. And I tell you that the man who claims to be ethical and has his affiliations with the dental society and all that sort of thing, but who, when someone talks to him about a fellow practitioner, shrugs his shoulders, that shrug of the shoulders is as unethical an act as can be committed.

The throwing of one's self into his profession is at the bottom of the whole thing. I have known men to be unethical as clergymen and unethical as lawyers and physicians, and on the other hand I have known physicians who have absolutely sacrificed their lives for their patients, and that is the limit of professional standing; and so I claim that the limit of our ideal is the willingness we show to sacrifice ourselves for the benefit of those for whom we labor. Every one of us is looking for success, but if we measure it by the amount of money we make we will be miserable failures. We all agree that we can never make fortunes at dentistry pure and simple, and still we are looking for success, and when it comes to the time when we have to cash in our last checks our success will not be measured by the amount of money we have laid up in the bank, nor by the things we are claiming for ourselves; it will be measured by just how big a hole we are going to leave among those who we have lived among. (Applause.)

On motion, a vote of thanks was extended to Dr. Hillyer for his excellent paper.

On motion, adjourned sine die.





A printed circular, issued by the Committee on Army and Navy Dental Legislation, of the National Dental Association, addressed to "The Dental Profession," was mailed from Washington during the month of January. This invited the co-operation of individuals in the passage of an Army Bill already introduced, and of a Navy Bill announced as a substitute for a bill which had previously been offered by Senator Hale. As will presently be seen Senator Hale cannot be overlooked in this matter.

One fact was at once noticeable in relation to this circular. The proposed Navy bill was given entire. Of the Army bill only two quotations were offered to the profession for their consideration.

That all who are interested may fully comprehend the present status, both the Army and the Navy bills are printed in this issue in the department of Laws and Licenses. The quotations from the Army bill, copied into the circular comprise the two paragraphs of Sec. 2, each of which begins with the word "Provided."

The full significance of these two paragraphs cannot be understood without careful study of the entire bill, as will be shown; moreover it

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appears that even the entire bill is not readily comprehended, as it seems not to have been grasped even by Mr. Pettus, its sponsor in the Senate.

Following the meager quotations from the bill, the following may be found in the circular:

"The other features of the bill relate to minor details," etc.

It is within the scope of human experience that what one man, or set of men may consider "minor details," another might construe into "major details"; and without intending a pun, it happens to be a curious coincidence, that the eliminated details in this matter are mainly of "major" significance.

At all events the curiosity of the writer was aroused and he has made it his business to investigate these "minor details." Having done so, he feels it a sacred duty to apprise his readers and the profession, of facts which have come to light.

**Status
of the Army Bill
Before Congress.**

The advocates of Sen. Bill 2355 were given a hearing before a sub-committee of the Committee on Military Affairs and the report of this hearing covers 51 pages. Very prominent men in dentistry and allied educational branches appeared and argued for the bill. It would be nearer the truth to say that these gentlemen favored the principle of giving rank to dental army surgeons, rather than the bill itself, for this particular feature seems to have received practically the exclusive attention of all at the hearing.

The bill was favorably reported. On Feb. 5, Senator Pettus called up his bill, and obtained unanimous consent for its consideration. During the very brief discussion, Senator Pettus, in reply to a query made a statement which will presently be quoted. The bill was then passed.

On the following day, Feb. 6, Mr. Hale complained that by unanimous consent, during his absence, this bill had been passed; and as it could not have been so passed during his presence on the floor, he moved a reconsideration. After discussion, this was granted, and the bill was restored to its place on the Calendar, to be brought up at a future time.

No man can definitely state what will or will not happen in the United States Senate. But with authority as good as any upon which such statements are ever made, the writer is in the position to prophesy



that Senate Bill 2355 will not again be considered at this session; certainly not until the Medical Bill has first been dealt with. There is therefore due time for the dental profession to decide whether it really is prepared to sanction this bill, which if passed at all, will be passed upon the understanding that it has the approval of the dental profession of this country.

**The Minor Details
in Detail.**

On page 27 of the report of the Hearing, speaking of the Army bill and the one proposed for the Navy, Senator Bulkley asks how the two organizations compare. Dr. Donnally's answer is:

"The provisions of the bill that is now pending before the Committee on Naval Affairs, offered by Senator Penrose, run on parallel lines and include the corresponding grades of rank that we ask for here."

Will the reader kindly, at this point, compare the two bills, and discover if possible the parallelism, and likewise the equality of the ranks proposed?

The Army bill provides eventually for majors, *but only after ten years' service*. The Navy bill provides for one "surgeon" *immediately*. It should be explained that the terms in the Army and Navy differ. "Surgeon" in the Navy is equivalent to Major in the Army. "Passed Assistant Surgeon" equals Captain, and "Assistant Surgeon" is the same as Lieutenant.

On page 38 of the report of the Hearing, Dr. Donnally specifically informs Senator Bulkley that the bill provides for but three majors in the Army, and these only after ten years' service, dating after the passage of this bill, or "fifteen years of service as contract and commissioned officers."

Thus those who have already served as contract dental surgeons, and who have brought the service up to its present stage of efficiency are to receive no recognition for that term of work; and the entire Army corps must wait ten years for a major, while the Navy, which has had no dental corps at all, is to have a "surgeon" (major) at once. And yet the Committee is told that the two organizations are to have equal rank given to the dentists.

To show now that Senator Pettus, himself, is not clear as to the pro-



visions of his own bill, let us quote what he is reported to have told the Senate on the day on which the bill was passed.

Senator Kean asked as to the rank which the bill will give to dental surgeons in the Army, and Senator Pettus replies:

"There is one major to start with, and captains and lieutenants.. That is all the rank they receive. It is all subject to the Surgeon-General of the Army."—(*Congressional Record*.)

This statement exactly fits the requirements of the Navy bill, but does not come within the scope of the Army bill at all, as Dr. Donnally fully explained at the hearing. Yet the bills are said to give equal rank..

The last remark by Senator Pettus shows apparently that he does not fully understand another feature of the bill. He says "It is all subject to the Surgeon-General."

This brings us to a consideration of the chief of the "minor details," of which the dental profession was not informed by the circular letter, which besought their co-operation.

**Civilians
to Control
Army Appointments.**

Section 4, of the bill, provides for a Board of Examiners, three in number, "two of whom shall be civilians whose qualifications are certified by the Executive Council of the National Dental Association"—"the third examiner shall be selected by the Surgeon-General from the contract dental surgeons eligible under the provisions of this Act, to appointment to the dental corps."

Both parts of this provision require analysis, before the true effect of the bill can even be guessed. But as Senator Pettus told the Senate that "it is all subject to the Surgeon-General," let us first endeavor to discover what, if any, control the Surgeon-General is to have.

Studied broadly we find the board is to have one member chosen (within peculiar limitations) by the Surgeon-General. Two others, a majority of the board, are to be civilians, practically selected by the Executive Council of the National Dental Association. Will appointments be within the control of the Surgeon-General, or will the situation be dominated by the Executive Council of the National? Certain it is that unless the Surgeon-General's appointee can dominate the majority



of the board the Surgeon-General will have that kind of control which is best described by the word "microscopic."

**Drs. Marshall
and Oliver
Barred.**

Next let us consider the result which seemingly is inevitable under the restrictions here placed upon the Surgeon-General. He is vouchsafed the privilege of naming one member of the board from the present contract surgeons, and assuredly at least one man on that board should have some knowledge of Army wants, based upon real Army experience. But can the Surgeon-General select whom he pleases? Not at all. He must make choice from among those "eligible under the provisions of this Act, to appointment to the dental corps."

We must then discover who, among the contract dental surgeons, will be eligible. This we learn by reading Sec. 2. It is manifest that this appointee by the Surgeon-General must be a man whose examination may be waived, because a board of *three* examiners cannot exist until after his appointment. Provision for waiving examination is therefore included, and is couched as follows:

"Provided, That the professional examination may be waived in case of dental surgeons whose efficiency reports and *entrance* examinations are satisfactory to the Surgeon-General."

This *sounds* fair enough, and it is not strange that Senator Pettus should consider that appointments, or at least one appointment, "is subject to the Surgeon-General." Perhaps the present Surgeon-General himself thinks so. But——

At the time of the organization of the present contract corps provision was made for the appointment of three dentists, "with reference to their fitness for assignment under directions of the Surgeon-General to the special service of conducting the examinations and supervising the operations of the others." The original appointments were Drs. Marshall, Oliver and Morgan. Now it is noteworthy that under the wording of the clause in question the Surgeon-General is prevented from appointing to the board either Dr. Marshall or Dr. Oliver, the two men, who, at great personal sacrifice, and with rare executive ability, have brought the present army dental system to a status of efficiency which not only has made it a necessity in the Army, but has converted the medical department of the Army from its objection to giving rank to dental surgeons.

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How does the clause exclude Marshall and Oliver? Because neither of these men were required, under the Act of Feb. 2, 1901, to pass any entrance examinations, and unless their "*entrance examinations*" be satisfactory to the Surgeon-General, not only can he appoint neither of these men to the board, but neither one could be appointed to captaincies, until they had first passed an examination before a board, of which two members are to be chosen by the Executive Council of the National Dental Association. Nothing beyond the above statement is needed by those familiar with dental politics, to decide whether or not the dental profession really wishes Drs. Marshall and Oliver to be subjected to an examination by a Board of Examiners, before they can be appointed (at reduced salaries) to captaincies in the dental corps, which this bill is to create, if passed.

There is always the possibility that the framers of a bill do not fully comprehend the final significance of language which they use. Let us hope that such is the case here, and that those who framed this bill have not intentionally worded it so as to exclude Drs. Marshall and Oliver from receiving recognition which is justly theirs. Now that attention is called to the fact, the Committee should openly declare itself. The alteration of a single word will remove this blemish from the bill. Let the word "examinations" be changed to "qualifications," and the appointment will really be subject to the will of the Surgeon-General. At present it will be entirely in the hands of the two civilian members of the board.

Peculiar Reward for Service.

Before passing this phase of the affair the profession should be informed of a pertinent fact. While the contract surgeon has no rank, Drs. Marshall and Oliver at present enjoy the pay of major. In round numbers \$2,500, a munificent sum (?) compared with the income of a private practice. Even if they succeed in receiving appointments in the new corps, as captains, they would be paid only \$2,000, with an additional \$200 for past services. But past services, under this peculiar bill, is not to count towards promotion to majority.

If appointed captains they must serve another ten years before, as majors, they will receive the pay that they now enjoy. Is the dental



profession ready to indorse a bill which thus rewards the men who have created the Army dental corps?

**Control
of the Board.**

Finally let us consider the civilian control of the Examining Board. It is not hard to guess the argument which will be offered so soon as this criticism is published. The profession will be told that dentists have everywhere declared for the principle that the State Dental Society must nominate, if not appoint, the members of State Boards of Examiners; and that what is true in State matters, is equally applicable in National affairs.

This is a double sophistry, for the analogy between the requirements of the Army bill and State Board appointments fails in two vital respects. First, where the State board members come within the supervision of a State Dental Society, it is the State Society, not the Executive Committee therefor, that makes the nominations. If, therefore, we are to proceed by precedent, and if the United States Army, and the United States Congress, are willing to confer the great honor upon our profession, of delegating to us the majority control of the appointments to the Army dental corps, then let us have these examiners elected at open meetings of the Association. Perhaps the result would be the same, but at least it would be a slight gratification to the members of the National Dental Association to believe that they have a say.

The second weak spot in the argument is this: When a State Board examines a man for license to practice dentistry the candidate is seeking to practice among civilians, and is examined by a board of civilians, who are themselves all practitioners in civil communities. In the Army corps proposition there is this tremendous difference: the majority of the board is to be two civilians, with no personal knowledge nor experience of Army requirements, and they are to make appointments of men who will later practice under Army regulations. Is it not manifest, if precedent is to be followed, that this board should be composed exclusively of men who have served in the Army corps? Would not such positions, later on, be well administered by retired Army dental officers?

The idea, present in this bill, that civilians should have control over military affairs, has but one precedent within our National Government, and we find Dr. Donnally criticising that. The Secretary of War, and



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the Secretary of the Navy, are in a sense, civilians. The fact that these two high officers have power over the two great military departments has often caused friction. Their creation was due perhaps to the dread of "militarism," which existed in the minds of our forefathers. But speaking of this Dr. Donnally says, referring to opposition to previous legislation made by Mr. Root:

"But after all it does seem strange to have the views of a Surgeon-General in relation to his own department and the services of men whose operations are performed under his direction and under his observation turned down by a corporation lawyer who knows nothing particularly about the subject; and the fact that he happened to be Secretary of War tended to bias his view rather than otherwise. Of course I understand that men may appreciate facts when they are presented to them; but it is not to be expected that a man would be expert in things unless he were in a profession that brought him into daily contact with them."

Thus Dr. Donnally seems to think it an error to have a civilian as Secretary of War, but proper to have civilians control the appointment of dental officers in the Army. Presumably these dental civilians will be of higher mental range than Mr. Root, and will better comprehend the needs of the Army?

Finally will Dr. Donnally, or his committee, explain to us why it seemed needful to have a civilian Board of Control, for the Army, and not for the Navy? And will he point out to us how the two bills are "parallel" in this respect?





IS THERE ANY Graft in dentistry? Of course I know there is craft, and
 ✧ even handicraft. But what I mean begins with a "g." So, Mr. Printer,
 ✧ take notice. It is curious what a difference the small things in this
 ✧ world may make. This word is not only interesting because of its first
 ✧ letter, but likewise its last, for the end of graft is the beginning of
 ✧ thievery. ✧ ✧

IS THERE ANY Graft in dentistry? Before we can properly reply, we
 ✧ must comprehend what graft is. The best definition that occurs to me
 ✧ is contained in two words—"get it." Are there any men in dentistry
 ✧ who "get it?" ✧ ✧

THE COMMON, or garden variety of thief steals common things. Dia-
 ✧ monds, jewelry, cash, table silver, all things portable; the dross of the
 ✧ world. Now your brave burglar, the thief proud of his calling, save
 ✧ only in converse with detectives not members of his guild; he of the
 ✧ moonless night and the dark lantern is a fellow to be respected even
 ✧ though we call him robber. He has pluck and pluck is an ingredient of
 ✧ character not to be despised. ✧ ✧

BUT THAT other chap the decently clad, decently connected, respected man
 ✧ of the world, who attaches unto himself the goods of this world by
 ✧ devious ways though not illegal! Who can respect him? The Grafter?
 ✧ Are there Grafters in dentistry? ✧ ✧

THERE BE thieves, and thieves. Of the art of thievery, there be two phases.
 ✧ The forcible, or stealthy acquirement of anything which belongs not

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* to the acquirer, is one. Depriving another man of that which is his
* own, is another. A guide of mine once phrased it rather well. He
* wished to deprecate another man in my eyes, and said of him; "He's
* been known to take things not strictly his'n." That second man is now
* my guide, and I know that first man for a thief, for a man may steal
* even things not portable; reputation for example * *

* * *

SHAKESPEARE, I believe, has said much the same thing in better language,
* but I am not good at quotations, which is a form of stealing, too, in
* the last analysis. Therefore there must be a trace of honesty about me
* somewhere; else I should not even mention Shakespeare. * *

* * *

THAT FELLOW who reads in the "Society Column" that I have left town
* for the summer, and who with commendable industry considering the
* heat, hires moving vans and calmly and with care, removes all the furni-
* ture from my house during the sunniest hours of the day, has my respect
* as well as my property. If he will return my grandmother's mahogany
* four-poster, and the decanters engraved with the family crest, he may
* keep the other things. The rocking chair creaked anyway. * *

* * *

THE FELLOW who disguises himself as the gasman, in order to enter my
* cellar, and who takes his departure and a bucket of coal at the same time,
* has my forgiveness. Perhaps his flat is cold. * *

* * *

THE ONE that grabs a slab of bacon from the grocer's counter, and, with a
* howling mob at his heels, foots it for home and his famished family, has
* my positive admiration. If the cop catch him, and the grocer makes a
* charge against him, that grocer is a parsimonious beast. I'd go bail for
* the bacon grabber but I'd not lend twenty cents to that grocer—not if I
* wanted the twenty cents returned. * *

* * *

THE THINLY-CLAD FELLOW who filches a coat; the woman that "buys" a
* pint of beer with a plugged dime, and a bit of bread with the real money
* that she gets in change from the bar-man, and who takes the first to her
* sottish husband, and the last to her sickly kids; these and others of the
* same ilk in the nether world, are to be condemned of course, by us good
* folks, who read of it over our breakfast of fresh eggs and French coffee.
* But as we wipe our mouths with embroidered napery, and turn to the
* stock market reports to see how our margins are holding, do we vouch-
* safe those other folks no excuse born of pity for them and their environ-
* ment? We do, or we are not Christian gentlemen, for look you, fine Sirs,
* these people may be thieves, according to the language of the law, but

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* they have hearts and they lack not courage and the quality of self-sacrifice; nor do they peach the one upon the other, for they be loyal to their kind. Above all, they may be thieves, but they are not Grafters.

* * *

OF GRAFTERS, as of thieves and robbers, there be grades and grades. Those that "get it," bend all their energies towards the soul-inspiring occupation of amassing mere money. But there is a higher (or a lower) sort. The man so eager for honors, lacking honor himself, that no hurdle of wrong is too high for him to overleap in the boundings of his ambition. Have we Grafters in dentistry? * *

* * *

ONCE ON A TIME a woman sat and read a brazen promise, in her penny paper, of fine full sets at five dollars per— and being possessed of five, and her daughter being about to marry, her motherly heart beat faster as she gazed into a glass and fancied how much more decorative she would be at the festivities, with nice new teeth. So tying on her bonnet, and tightly grasping her five, she hurried away in the direction of the tooth factory. * *

* * *

HERE A LADYLIKE, but thoroughly trained young woman, informed her that "five-dollar teeth are for patients in our infirmary department. A Lady of your station could not be seen in Society with such things." A sample of the infirmary stamp of teeth being duly exhibited, the good Mother with depressed hopes feebly admitted that they were not as picturesque as she had pictured to herself. At this point the business-like young minx shows the twenty-dollar style of teeth, and remarks: "You only have five? Oh, well! That will do for a deposit. You can pay the rest, a dollar a week." * *

* * *

THUS WAS THE guileless Mother separated from her money. Her one stipulation was that the teeth should be finished in time for the wedding. And they were. On the day prior thereto, the wonderful dental adornments were duly tried in, and duly admired in the hand-mirror. Then taken out, and the rejoicing old lady referred back to the guileless young woman who had lured her into the trap. "Fifteen dollars, please," said the fairy, deftly holding the teeth off at a slight distance, while she apparently admired them. "But you said I could pay a dollar a week," faltered the awakening patient. "Oh, certainly, if you prefer," was the cool reply. "I'll give you a receipt for the deposit, and credit you each dollar when you bring it. When the full amount is paid, you can have the teeth! What's that? You expected them before you paid for them? Why, how funny! Do you come from the country? Or do you think

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‡ we do?" And when the old lady expostulated she was coldly told "Don't
‡ make a scene here, please. Go out on the sidewalk if you want to weep.
‡ The streets need watering, we are having a dry summer." These be
‡ Grafters, of course. But then they are advertising dentists. Quacks!
‡ What else can you expect? But there are others! ‡ ‡



NOW ANOTHER TIME a man went to a first-class dentist, who lived in a
‡ first-class house on a first-class street. And at one time or another he had
‡ been president of nearly everything in the dental society line. When he
‡ wrote a paper, and had the same reprinted, it was like a problem in
‡ trigonometry for the printer to get the title of the paper, and the titles
‡ of the man all on the first page; which by the way is called the title
‡ page, is it not? Would I call that advertising? Now see here, You!
‡ Don't ask leading questions. ‡ ‡



WELL ANYWAY, the intruder wanted two teeth filled, and they were com-
‡ pleted in two hours. "Short accounts make long friends," remarked the
‡ patient asking for his bill. And he chanced to stand near enough as
‡ the dentist fellow wrote out the inscription, to be able to read it; and
‡ this is what he read: "To two gold fillings, two hours, \$20." Then the
‡ dentist asked "Address please?" and the man answered "40 Wall Street."
‡ The dentist seemed nervous for a moment, accidentally let a drop of ink
‡ fall on the half completed bill, and so was compelled to indict another.
‡ And this one read, "To professional services \$50." ‡ ‡



THE STOCK-BROKER PAID—but he never went back. Was this tooth
‡ artist a grafter? Was he a Quack? Why no! He was "a ethikil" dentist.
‡ And he could prove it by his titles and the societies he honored by his
‡ membership. But, he is dead, and for even small favors such as this the
‡ Lord be praised. ‡ ‡



BUT THEY ARE not all dead. There's a D.D.S. that I know, only he likes
‡ it spelled out—thus—"Dental Surgeon." That's because he "surges"
‡ everything. If a thing's diseased, cut it out! Well, why not? You can't
‡ answer! So there now! Once a patient of his got into my hands. Funny
‡ how these great men lose their hold once in a while. Examining the
‡ mouth I pointed out a lower molar, having an abscess attachment which
‡ I thought she could spare. The attachment I mean. The woman gave
‡ me a suspicious glance and declared "Impossible! I have just had that
‡ abscess cured by surgery," at which, of course, I was properly humbled,
‡ especially when she named my friend, the Dental Surgeon. He had
‡ called in a professional anesthetist, and they jointly had anesthetised her,
‡ whereupon he separately had operated. Then he must have hypnotized

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* the woman, for he charged \$250, and he got it. Now don't overlook my
* definition of Grafters. *

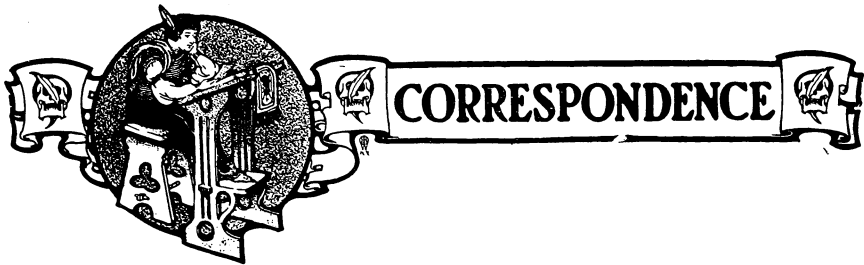
AND DON'T THINK I object to large fees. Not at all. They are real handy
* in housekeeping. And I have no doubt the man did \$250 worth of sur-
* gery, for that woman. Because your real surgeon does only a little bit of
* cutting for a paltry sum like that. But what this woman really needed
* was dentistry. I removed an old filling; found the roots stuffed with
* stinking cotton; after cleansing and some sterilization the abscess was
* cured; really cured this time. But the lady did not think my services
* worth \$250. Well, neither did I, not wishing her to consider me a Grafters.

I DON'T SAY that any of the members of our State Boards are Grafters.
* I don't say it because I don't know it, and I am a careful man. But
* when I meet a Rover—Don't know what a Rover is? Why he works on
* a salary for the advertising crowd. He's called a Rover because the
* first chance he has for two dollars more salary, he discharges himself
* and hies him away to pastures greener. Now the stock in trade of a
* Rover is his license to practice, because very often he hires out to a man
* who has no license. So, as I started to say, when you interrupted,
* when I meet a Rover who has licenses from seven States, why I stop
* and think, and what I think is not fit to print. *

AS TO GRAFT in connection with licenses, there was the Illinois matter,
* but that's a dead case. The Wisconsin issue is a live wire, that we won't
* handle at present. But here's a secret one, never before divulged. *

IN A CERTAIN State, a certain man, not an examiner, could be visited, and
* if the visitor, having walked a long way, say from another State, was
* too tired to hold his wallet, he was at liberty to place it on the mantel
* shelf, or on the reading table near the electric lamp where one could see
* it. And if perchance on leaving, the visitor should forget to take that
* wallet with him, and if said book happened to contain currency in the
* amount of \$250, why it was far from improbable that two days prior to
* the examinations for license, aforesaid visitor would receive a full set
* of the questions to be asked. If the candidate happened to be too tired,
* or too busy to write the answers himself, he could have it done by his
* office girl, and he could smuggle that ladylike chirography into the safe
* keeping of the wise examiners, and they, "would went" whatever that
* means. I give you the story as it was told to me, and as I have since
* told it to the Honest Member of that State Board. And now you can't
* have office girls write examination papers for you any more. At least
* not in that State. Too bad, isn't it?

The Pessimist.



The Count System in Dentistry.

Letter from the Dean of the North Pacific Dental College, Portland, Ore.

Editor ITEMS OF INTEREST:

DEAR DOCTOR:—I am much interested in the subject of your December editorial, "A Peck Measure for a Peck," and I believe the time is fast approaching when the old traditions and customs must be abandoned. I am not in sympathy with some of the arbitrary and unjust laws adopted, doubtless in good faith, by the National Association of Dental Faculties, yet I believe there has been some justification for maintaining such rules.

Justice demands that the student be placed in accordance with his knowledge and ability. When the student acquires useful knowledge through industry and the expenditure of time and money, it should not make any difference where or how that knowledge was obtained, and anything calculated to deprive the student of benefits to be derived from such training is unethical and contrary to the democratic principles of our nation.

There is an amount of preliminary education necessary to enable the individual to pursue the study of dentistry intelligently, and when this training has been obtained the questions of what shall constitute a dental education should be decided and reduced to a given number of credits.

A peck contains sixteen pints and the pint measure must be filled to the top sixteen times or there will not be a peck. When a student applies for admission to a dental college and brings credits amounting to one-third of the dental course, he should be given a credit of one year in time. In absence of proper credentials setting forth the fact that the student possessed one-third of this knowledge, an examination would be the logical way to determine. But I will ask you, Mr. Editor, what would be the result if this privilege should be granted to all of the dental schools at this time?

The question of advancing the student in accordance with his ability to make progress is important, but before much can be done in this direc-



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tion we must revolutionize our methods. Dental and medical students who spend their time and money are entitled to better treatment.

I believe it is impossible for persons engaged in active practice to serve in the capacity of teachers and do justice to the students. Their principal interests are not the welfare and advancement of the students but their private practice. Such men have not the time nor are they in the proper condition of mind to perform their full duty as teachers.

What we most need is good teachers who make their best efforts for the advancement of the individual student. When our colleges have an efficient force of trained teachers employed by the year who give most or all of their time to teaching, we will then be able to divide the year or session into two or three semesters with final examinations (when necessary), at the close of each, and students who do not make a creditable showing will take the work over, while the rest of the class will proceed. This necessitates the formation of a new class, but what of that, if we have the teacher who devotes all of his time to that work?

A majority of the teachers in the North Pacific Dental College devote all of their time to the work of teaching and this school is able to handle two classes in each subject.

When an applicant for admission to the dental schools presents credentials indicating attendance of three or four years in some college or university, or two or three years in a medical school and wants to know where he will be placed, how much credit in time he is entitled to, we are obliged to inform him that he must enter at the beginning with students of only two years' High School training; that all of the years of time, training, and money expended are not appreciated and will not shorten the time he must devote to the work before graduating.

Such applicants are most certain to drop the matter in disgust. They know that they have had as good training in the fundamental branches as can be obtained in the dental school, and will seek training in other professions where their past efforts are better appreciated.

After referring to the count system and the course proposed or inaugurated by Columbia University, you ask, "why cannot this system be established in dental schools?" It can and I believe will be established in the near future. The dental profession will never occupy the position to which it is entitled until the custodians of dental education recognize the value of preliminary training and become sufficiently broad-minded to appreciate merit wherever found, and are willing to give credit where credit is due.

But, Mr. Editor, I fear that the dental profession and the custodians of dental education have not yet advanced to the position where they are



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entitled to be intrusted with the liberty of which you speak. We are living in a severely commercial age and it is darkest just before dawn.

If the National Board of Dental Examiners would arrive at a proper understanding of what should constitute a dental education, and if the State boards could or would apply this test to the product of our schools honestly, withholding licenses where the knowledge and training have not been sufficient, there would be but little need for the National Association of Dental Faculties to maintain arbitrary and unjust laws for the purpose of preventing perpetration of greater wrongs.

HERBERT C. MILLER,

Dean of North Pacific Dental College.

Letter from the Dean of the Louisville College of Dentistry, Louisville, Ky.

Editor of ITEMS OF INTEREST:

SIR—I have neglected answering your letter of some weeks ago in regard to my views upon the editorial contained in your journal on education and the doing away with the class system, putting a man solely upon merit and giving him the opportunity to use his ability. That, in well-regulated universities, sounds beautiful, looks well and may be practical. It is not practical at the present time for the dental schools to take up this system of education. It may be that they can work up to it in the course of six or eight or ten years. It is certainly a fine ideal to look forward to. I am positive that it can not be carried out now and be made thoroughly practical and operative. It requires very strong organization within the institution with a number of men devoting their entire time to dental school work or professional school work, as the case may be, so that they are in personal touch with their men, otherwise they can not be able to judge accurately the student's ability.

It is true that written examinations will not always determine one's ability. Very poor men sometimes get good grades and vice versa. It is possible to "cram" for examinations and to gain information along the line of the examinations, also in large schools and crowded examination rooms to obtain assistance. There are cases of impersonation on record, where the students are not well known by the individual teachers, a well-equipped man taking the examination for the other individual.

Of course, the advocate of the merit system can see how all these things can be remedied. So do I, but it takes an exceptionally well-regulated institution to remedy that, and our teachers must devote more time to their school work than they do now in the average professional



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school, because nearly all dental and medical teachers who are interested in school work rely upon their practice for remuneration and a livelihood, sparing a part of their time because of their desire for professional teaching.

With good luck to you, I am,

Yours very truly,

W. E. GRANT,

Dean of the Louisville College of Dentistry.

Comments on the Pessimist.

MY DEAR SIR:—With due respect to your staunch and resolute manhood I am compelled to say that you have manifested a marked attribute of femininity in trying to persevere in having the last word in regard to boards and things pertaining thereto as shown in your article by "The Pessimist." A self-styled pessimist shows himself to be of rather an optimistic turn of mind because he realizes his own condition. A real pessimist does not know that he is one. He is just a pessimist and that is all. There are so many bogus pessimists going around at present that I thought perhaps one had slipped into your editorial rooms and had left his foot-prints. A real pessimist is a philosopher whose mental receptive discs have been rendered so indurated by repeated bombardments of earthly facts as to make his mind impervious to flattery, falsehood and vanity. The negatives of these three latter qualities the pessimist has discovered by repeated experiences to exist so rarely as to become practically zero in the algebraic equation, and through ignoring this zero he is styled by the world a pessimist, becoming such by education rather than by birth. A pessimist is the antipode of the cheerful fool, having gained the redistilled quintessence of wisdom by an intelligent absorption of all earthly experiences. He is skeptical of Justice because too often he has found her the slave of Flattery. He is skeptical of Truth because her mask so well fits Falsehood and all of these qualities with many others are but servial minions of Dame Vanity.

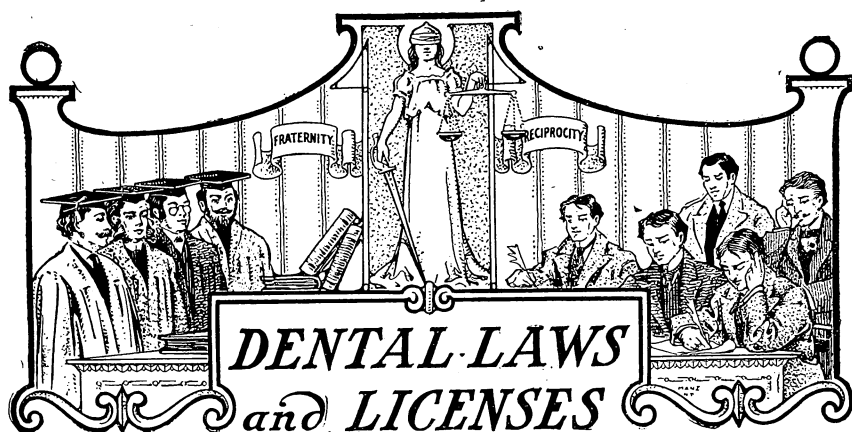
If we can hammer away hard enough to impress the receptive mental discs of examining board materials we may finally succeed in making all the dental examining boards pessimists and consequently good and useful citizens. The college faculties, too, by virtue of being more likely material and even dental magazine editors may fall into the runaway of the festive little hammer and be turned into good pessimists; then

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the whole column of the dental surgery army may wheel into line and the entire army of pessimists may march side by side with confidence in each other and in themselves. I feel that you ought to be congratulated for establishing the pessimist column. The pessimist is the true citizen. He walks upon the earth and has to do with the true and substantial side of life, while the clouds are the home of the optimist and although he may look down upon the pessimist from his high eminence his pathway and foothold are uncertain and of temporary existence. If you would become a good pessimist you must go back to nature and begin with the simple truth. Dental laws and dental schools have produced much golden material, but the gold is alloyed. Refine it. There is time yet to determine the karat and exclude the alloy. If we suspect our brother born of our flesh and blood we cannot hope to have faith in the integrity of our fellowmen. It is an unwritten law that a thing wrongly begun is sure to end wrong, but rightly begun there is a chance of ending right. Colleges must begin right by giving their entering students full credit for the karat of their manual and intellectual gold. There is no other side to the question or other conclusion to the issue. In all the discussions by the various Deans in a previous edition of your journal no logic nor argument was brought forth against such a conclusion. Varying from the subject and manifestations of distrust in each other characterized all their arguments. Struggles to become popular and a desire to be in the first rank of dental progress has caused many of our college men to do impracticable and unjust deeds which have ambushed the entire army of dental college teachers. Such generals have not only prevented success, but have frozen the richest vein of dental college progress, and are largely responsible for the impossible position which dental education occupies today. If pessimism means *countism* in our dental schools then let pessimism be our watchword. Under such a banner failure cannot lurk and the balance of justice find no alloy.

G. S. JUNKERMAN.





Come, Let Us Reason Together.

By E. P. DAMERON, D.D.S., St. Louis, Mo.

In the Department of Dental Laws and Licenses of the January ITEMS OF INTEREST appears an article entitled "The Rule of the Minority." I have not the pleasure of an acquaintance with the writer of the article, but desire to take friendly issue with him and to endeavor to reply to some of the statements.

It is indeed true that "few will deny that the dental laws have always been unsatisfactory to the vast majority of the profession," not because of any injustice inflicted however, but because of the rapid advancement and constantly changing conditions in the profession.

Compared with other professions dentistry is in its infancy and as time passes, the laws regulating its practice become inadequate and require amendment. This is true of many other laws and is to be expected, for it would indeed be difficult to draft a law that would meet with every requirement for every occasion and for all time to come. The laws of this country are made by representatives of the people and not by the people themselves, hence a comparatively small number supply the laws governing the entire population, this being true whether the act is one controlling the tariffs or regulating the practice of medicine or dentistry. The statement made that "It is equally to be conceded that only a very small minority of its members have ever taken active part in procuring the passage of those enactments," (as pertaining to the dental profession), is entirely in accordance with the representative plan of government. It is true that the active law-making members of the profession

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are not chosen by vote of the people, or even may not be by the profession, and yet do draft our dental laws. Before such laws can become operative they must of course have passed through the necessary legislative process which is always attended with considerable publicity; copies of the proposed law are sent to dentists throughout the State with the request if it meets with their approval, that they will urge the legislators from their districts to support it in their branch of the legislature; the dental journals and daily papers, too, publish the proposed act, so that any observing dentist could not fail to be aware of the nature of such an act, and if it were manifestly unfair be able to oppose its passage. The principal "narrow and restrictive feature" of the present dental laws as found in nearly all the States and Territories, are educational features, and if "a practitioner is largely tied to the place in which he may have chanced to begin practice" it is because of his lack of, or neglect of, necessary education and knowledge, and to such a one is ever open the recourse of review and study, and surely there are none to deny that the higher the education and training of the dentist the greater the benefit to the public welfare.* That dentist who flies from place to place, as the child chases the butterfly, is not the man who does the most good to the greatest number. If his meanderings can be controlled by requiring him occasionally to face the ordeal of an examination as to his qualifications the public are the gainers thereby, and the law will have served its purpose. There are many laws enforced in this country which are not directly beneficial to the whole population and yet which have their place and standing upon the statutes of the State in which they were enacted. Such laws are usually those of protection to the citizens of the State, and it would be difficult to pass an act in any State which limited or deprived that State of its right to so govern and protect its citizens in every legitimate vocation. To say that "all such argument is purely specious and devoid of value" does not remove the fact that such a right is most jealously guarded by legislators of the different States. State laws regulating the practice of dentistry are no more "class legislation" than are those regulating the practice of medicine, law, pharmacy and many other vocations. Such laws have time and again been upheld by Supreme Courts and had there been any weakness, any injustice in such laws surely it would have been discovered.

Dental laws of different States have different standards of attainment, but surely it has never been advocated that one State *required* a higher standard than another, nor that the welfare of the public and of the profession required that a *lower* degree of proficiency should be adopted.

*A great many deny it. It is quite debatable.—EDITOR.

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The "leveling upward" idea is the correct one and if its "visible effect" is "to render it difficult to engage in practice" do not complain that the idea or law is at fault, for all obstacles can be overcome by diligent study and effort.

A code of ethics as a guide to professional conduct is well enough for those who respect their calling and who seek to aid their fellowman by rendering him the best possible services, but in this day and age something more tangible than the golden rule is required to protect the public from those in the profession who seek the greatest possible financial gain for the least possible service rendered, and it is to the credit of the profession that they have taken the matter in hand and caused laws regulating the practice of dentistry to be enacted and have not delayed such action until the public had as a matter of self protection demanded it. Such laws have been called "narrow and exclusive," but inasmuch as they have been adopted by nearly all States and Territories, and have been upheld by their courts of justice, there is probably no foundation for such objection.

<p>Examiners Honest and Competent.</p>	<p>Some States give their examining boards more latitude than do others, but in most cases the laws are mandatory and should be so, thus removing any possibility of graft, "pull," or undue influence, and when the law is mandatory there are few officials</p>
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who have the hardihood to go outside its confines, knowing that they do so at their peril. That some few have done so is much to be regretted but it by no means signifies that the great majority of examiners are not to be trusted, nor does it reflect upon the law which was violated. It is a difficult thing for a group of five or six men in a State to see that the law is absolutely enforced throughout the State, and it is not at all singular that now and then someone is discovered practicing illegally. The real duty of enforcement of the law, in most cases, rests upon the prosecuting attorneys of the different counties, and it should be the duty of *resident dentists* to notify the attorney in their district when it is known that the law is violated. No man is perfect and all are prone to make mistakes. Officials high in position and in the esteem of their countrymen have made them; hence it is not beyond the realm of possibility that some examining boards have likewise been guilty, but it is the exception not the rule, or there may have been aggravating circumstances, in the case of the city official and the examining board.

<p>The Porto Rico Case.</p>	<p>The report of the Porto Rico case was most interesting and great credit is due the Doctor for so successfully bringing right out of wrong. That there are shysters and tricksters in every walk of life none can deny. Such persons thrive most in a newly settled country, as in</p>
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ITEMS OF INTEREST

early days in the west, or in a country recently disturbed by war and whose government is not fully re-established. Porto Rico proved no exception and thanks is due the Doctor for the most able part he has taken in straightening out the tangle.

As to the potency and gain to be found in any office to be held in the profession, many who have held such offices say they are thankless, profitless burdens, and so they possibly are.

**Interchange
of License.** Interchange of dental licenses as embodied in the Asheville Resolution has received much attention since its introduction, and its lack of adoption by the National Association of Dental Examiners has occasioned some criticism, more especially by those who fail to realize the wide difference between the laws of various States.

No resolution however carefully worded and considered could have harmonized these various laws at the time the Asheville Resolution was introduced, but the idea is gaining ground, and quite a number of States, their laws being equal, have established reciprocal exchange, and as other States adopt similar laws so no doubt will reciprocity advance.

Examining boards are or should be governed by the statutes of their respective States and should the National Examiners require such boards to do a thing their State laws did not authorize, those members who could not comply with such requirements would of necessity be forced to withdraw from the National organization. On the other hand if the National Examiners as a body, favored and desired reciprocal exchange it would not be amiss for them to so state and to suggest the adoption of such laws by the various States, as would lead to the desired result.

The amendment to the Asheville Resolution is called a "shrewd political move" having as its object the defeat of the original resolution, or perhaps "designed actually to cause an increase in the membership of the societies." The true motive—the means of knowing the qualifications and real professional value of the man—has been lost sight of, but even if the motive had been to increase the State societies' membership, was not such a requirement beneficial both to the dentist and to his patrons?

Should the National Examiners unanimously declare for interchange of licenses at this time, such interchange would still be far from universal. Interstate exchange of license cannot be made at one swoop, but must come slowly and by earnest effort.

Censure is not due the National organization. They have done their duty as they saw it, and it is to their credit that such a movement originat-



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ed there and has been most carefully considered and dealt with by them. Whether the majority or a "reactionary minority" prevailed in the disposition of the resolution its emasculation was a wise move perhaps, until more members of the organization are permitted by law to subscribe to such a movement. After all it devolves upon the profession at large to decide this or any other legal or professional move of great importance to them, and when such a movement has been decided upon by popular demand, ways and means of accomplishing it are soon forthcoming.

It is questionable whether there is very great dissatisfaction in the profession over the failure thus far, of reciprocal license exchange, except among a certain class of restless, roving practitioners, with now and then a deserving one who is compelled by failing health to seek some other locality. The former being usually too impetuous and impatient to serve the public well, and the latter, unfortunately, too feeble perhaps to do so. New laws are being enacted and old ones amended to meet the requirements of constantly changing conditions in the profession. The various States are getting nearer and nearer together. If there be restrictions they are those of education and morality, and no thoughtful person would question the justice of such requisites.

The large majority of those in the profession who are interested in the making of the laws regulating its practice are trustworthy, capable, unselfish men having only the good of their calling at heart and have given much time and thought to these matters. They are ever ready and glad to make or receive suggestions relative to the improvement of such laws. It is not claimed by anyone that perfection has been attained in the making of dental laws. Such efficiency as has been secured has been the result of years of work and experience. It would be the height of folly to attempt by radical and sudden changes to create proper and just laws.

Let conservatism guide our lawmakers in the future as it has in the past and the public and profession will not have cause for complaint.



An Assistant's View.

By LANDIS HIXON WIRT, D.D.S., Indianapolis, Ind.

There is of necessity a certain number of graduates who for financial or other reasons must be content with the position of assistant in the office of an older practitioner for a time.

Under the provision of the Asheville Resolution, what is to be their status? Many times there are good reasons for remaining less than five years in one place, and while they may be eminently fine men and proficient in a professional way, they are subjected to the expense and time of traveling to the places of examination, not to mention the fees for the examination which are in many cases more than some of our most prominent and most quoted practitioners are willing to pay, for a whole week of diligent and skilful assistance.

I think possibly this phase of the question has been overlooked by the authors of the resolution and being one of these same "assistants" I would be glad to know the opinion of ITEMS OF INTEREST and its readers.

Interchange of License.

By Dr. A. W. SWEENEY, Baltimore, Md.

It is a little early to answer criticisms of the writer's recent article on dental legislation, as more may appear, but Dr. Stockton's letter in reference to the Asheville Resolution and the amendment, and two letters from members of the Pennsylvania Board of Examiners received by mail from the party to whom they were addressed, suggest a line of thought which may prove of interest.

Writing in reply to an inquiry in reference to securing a license to practice in Pennsylvania, one member of the Board says: "The Board has no discretionary power and cannot help you. . . . I am sorry . . . but we have *been compelled* to examine old professors in the dental colleges before they could legally practice in this State."

The other says: "At present the only license which the Pennsylvania Board recognizes is the license granted by the State of New York . . ." The same claim as made by the Pennsylvania Board is made by a number of others.

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Dr. Stockton makes it plain that all who fulfil the conditions prescribed by the amended Asheville Resolution must be accepted, without examination, in all the States, unless certain Boards see fit to repudiate the action of the National Board of Examiners.

Now the writer has not the least objection to urge against the extension of interstate license exchange. Far from it, he favors it most heartily. It is only plain, however, that the members of the Pennsylvania Board, and a number of others as well, are in a rather dubious position. If it be true, as claimed by the member of the Pennsylvania Board, that "the Board has no discretionary power," by what authority do they recognize "the license granted by the State of New York?"

The Legislature of Pennsylvania enacted a law, under which the Board felt "compelled to examine old professors in dental colleges before they could legally practice" in the State. That law, presumably, allowed no exceptions to be made. What effect, therefore, could any agreement entered into between the Board in New York, or any resolution of a body sitting in Asheville or St. Louis, have to alter the provisions of the act of the State Legislature? Obviously none whatever. Wherever there exists a State law which explicitly refuses to recognize the licenses of other States, the examiners themselves break that law the moment they waive an examination on any pretext whatever.

That they do exceed the limits set by the law is admitted, as shown above; and it was the knowledge of that fact which impelled the writer to state in his previous article that they were allowed the greatest latitude by the civil authorities and could literally do as they pleased. Such being the case, of what weight is the oft-repeated cant about "no discretionary power?"

All State Boards have practically unlimited discretionary power. In some States, as in this one, the discretion is, very properly, vested in the Board by law. Where the law fails to provide it, the Board provides it when the members see fit, as witness the statement quoted from Pennsylvania; and neither the civil authorities nor the good people of the commonwealth bother about it in the smallest degree.

Such being the case, Board members should be more candid and consistent. They should abandon the bad habits of saying "We are very sorry, but we cannot. The law does not permit us." Better be honest, if blunt, and say to the candidate whom they do not wish to encourage "the law enables us to exclude you unless you can pass a satisfactory examination."

Until such improved conditions as are foreshadowed by the agitation of the movement for the extension of interstate license exchange are fully and firmly established, it will be well for all to be alert, so that



none may be misled by statements which will not bear analysis in comparison with plain facts. By a little observation it will not be at all difficult to discover what proportion of the profession is in favor of the extension of a fraternal welcome to worthy members who may wish to pass from one State to another, and what proportion favors the narrow and benighted policy of exclusion. Having established the classification, the numerical difference will at once appear, and so it can be determined which class represents the majority.

I trust that the effort to point out the inconsistency of the position held by some Board members, who claim in one breath that the law rigidly holds them to a certain line and admit in the next that they depart from it, has not entirely failed.

Two Bills which are up Before Congress.

59th Congress, First Session. — S. 2355.

IN THE SENATE OF THE UNITED STATES.

DECEMBER 20, 1905.

Mr. Pettus introduced the following bill; which was read twice and referred to the Committee on Military Affairs.

A BILL

To reorganize the corps of dental surgeons attached to the Medical Department of the Army.

1 *Be it enacted by the Senate and House of Representa-*
2 *tives of the United States of America in Congress assembled,*
3 That to the Medical Department of the Army there shall be
4 attached a corps of dental surgeons, which corps shall not ex-
5 ceed in number the actual requirements nor the proportion of
6 one to one thousand authorized by law for service in the
7 Regular Army, and all original appointments to said corps
8 shall be made to the rank of first lieutenant.

9 SEC. 2. That the appointees must be citizens of the
10 United States, between twenty-two and thirty years of age,
11 graduates of standard American dental colleges, of good moral
12 character, and of unquestionable professional repute, and shall
13 be required to pass the usual physical examination and a profes-
14 sional examination which shall include tests of (first page of bill)

ITEMS OF INTEREST

1 skill in practical dentistry and of proficiency in the usual subjects
2 in a standard dental college course: *Provided*, That dental sur-
3 geons attached to the Medical Department of the Army at
4 the time of the passage of this Act may be eligible to ap-
5 pointment, three of them to the rank of captain and the
6 others to the rank of first lieutenant, on the recommendation
7 of the Surgeon-General, and subject to the usual physical and
8 professional examinations herein prescribed: *Provided*,
9 That the professional examination may be waived in the case
10 of dental surgeons whose efficiency reports and entrance ex-
11 aminations are satisfactory to the Surgeon-General; and the
12 time served as dental surgeons under the Act of February
13 second, nineteen hundred and one, shall be reckoned in com-
14 puting the increased service pay of such as are appointed
15 under this Act.

16 SEC. 3. That the pay, allowances, and promotions of
17 dental surgeons shall be fixed and governed by the laws and
18 regulations applicable to the medical corps; that their right
19 to command shall be limited to the members of the dental corps
20 and such enlisted men as may be assigned to service under the
21 said dental corps; that their right to promotion shall be limited
22 to the rank of captain after five years' service and to the rank
23 of major after ten years' service; *Provided*, That the number
24 of majors shall not at any time exceed (second page of bill)
1 one-eighth nor the number of captains one-third the whole
2 number in the said dental corps.

3 SEC. 4. That the Surgeon-General of the Army is hereby
4 authorized to organize a board of three examiners to conduct
5 the professional examinations herein prescribed, two of whom
6 shall be civilians whose qualifications are certified by the
7 executive council of the National Dental Association and
8 whose proper compensation shall be determined by the Sur-
9 geon-General; and the third examiner shall be selected by the
10 Surgeon-General from the contract dental surgeons eligible
11 under the provisions of this Act to appointment to the dental
12 corps.

13 SEC. 5. That the annulment of contracts made with
14 dental surgeons under the Act of February second, nineteen
15 hundred and one, shall be so timed and ordered by the Sur-
16 geon-General that the whole number of contract and commis-
17 sioned dental surgeons rendering service shall not at any time
18 be reduced below thirty. (Third page of bill.)



59th Congress, First Session. — S. 3150.

IN THE SENATE OF THE UNITED STATES.

JANUARY 15, 1906.

Mr. Penrose introduced the following bill; which was read twice and referred to the Committee on Naval Affairs.

A BILL

To add a corps of dental surgeons to the Bureau of Medicine and Surgery of the Navy.

1 *Be it enacted by the Senate and House of Representa-*
2 *tives of the United States of America in Congress assembled,*
3 That to the Bureau of Medicine and Surgery of the Navy
4 there shall be attached a corps of dental surgeons, which corps
5 shall not exceed in number the proportion of one to one
6 thousand authorized by law for the Navy and Marine
7 Corps, and not to exceed thirty in all. The said corps shall
8 consist of three grades, designated assistant dental surgeon,
9 passed assistant dental surgeon, and dental surgeon, and with
10 respect to rank, pay, and allowances and to promotions within
11 the said dental corps the grades named shall correspond to
12 the grades of the Medical Corps designated assistant surgeon,
13 passed assistant surgeon, and surgeon, respectively: *Provided,*
14 That not exceeding five promotions shall occur (first page of bill)

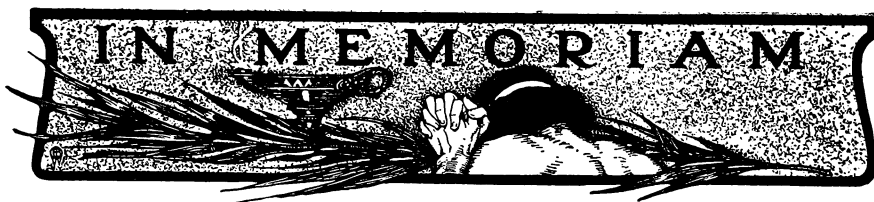
1 in either grade, except to fill vacancies, in any one calendar
2 year.

3 SEC. 2. That the original appointments shall be made to the
4 grade of assistant dental surgeon, and the appointees must be
5 citizens of the United States, between twenty-one and thirty
6 years of age, graduates of standard dental colleges, of good
7 moral character, of unquestionable professional repute, and
8 shall be required to pass the usual physical examination and a
9 professional examination which shall include tests of skill and
10 proficiency in practical dentistry and the usual subjects of a
11 standard dental college course; *Provided,* That there shall first
12 be selected a member of the dental profession who is a citizen
13 of the United States and a graduate of a standard dental col-
14 lege, and whose aptitude and experience evidence eminent

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15 fitness for rendering expert assistance to the Surgeon-General
16 in conducting the professional examinations and in organizing,
17 equipping, viewing the reports, and supervising the operations
18 of the others, who shall first be appointed to the grade of
19 dental surgeon: *Provided further*, That any appointment
20 made under this Act may be revoked or suspended by the
21 President when, in his judgment, the number of appointments
22 exceed the requirements of the service or when, within three
23 years from his appointment, an appointee discloses inaptitude or
24 lack of professional fitness for the service. (Second page of bill.)





Wm. Tell La Roche.

Many hearts were saddened when it was learned February 8, that Dr. La Roche, formerly of New York City, had passed from the bounds of the earth life into the limitless years of the eternal land. Dr. La Roche was born in Frenchtown, N. J., in 1822. His ancestors came from Switzerland and France, becoming prominent citizens of Warren and Hunterdon Counties in this State, and many of them were numbered among the New Jersey troops in the Revolutionary War and the War of 1812. They were patriotic, law-abiding citizens of known integrity and inflexibility of purpose. The doctor inherited these traits to a marked degree, adding to them a sympathetic gentleness which divested his opinions of any asperity. He was educated at the Vanderveer school in eastern Pennsylvania and at the New York College of Dentistry, of which he was a professor and trustee for fifteen years. Some of his youth was spent in the far west, gaining an idea of frontier life and studying the humanity which drifted to such sections.

For forty-five years he practiced dentistry in New York City establishing the reputation of one of the ablest of dental practitioners. His later years were spent in the quiet retirement of his country home where he interested himself in community work and the growth of Harrington Park, N. J.

Gentle, affable, generous, strong, manly, he has left behind tender memories of a well-spent life as business man, neighbor, friend, and the honored head of a happy home circle. His funeral services, held at his late residence, were attended by a large company of loving friends and acquaintances who held him in high esteem. He was laid to rest in Oak Hill Cemetery, Nyack, where his body peacefully awaits the coming of the glorious resurrection morning.

He is survived by his widow, two sons and two daughters. For such a man

“There is no death! What seems so is transition;
This life of mortal breath
Is but a suburb of the life elysian
Whose portal we call death.”



Henry Martyn Lewis.

Henry Martyn Lewis, president of the S. S. White Dental Company, died suddenly at his home, 5520 Wayne Ave., Germantown, Jan. 26. He was taken ill on Thursday of the previous week, and had so far recovered that his family expected him to be able to resume his business duties.

Mr. Lewis was born in New Britain, Conn., Oct. 24, 1831, and came to Philadelphia in 1838.

He entered the High School in his fourteenth year, but left in 1847 to go into the hardware business. In 1862 Mr. Lewis entered the Government service in the Department of Internal Revenue, and in 1867 became chief bookkeeper and cashier for Dr. S. S. White. At the formation of the S. S. White Dental Company, in 1881, Mr. Lewis became general manager, and upon the death of Dr. James W. White, in 1891, was elected president of the company.

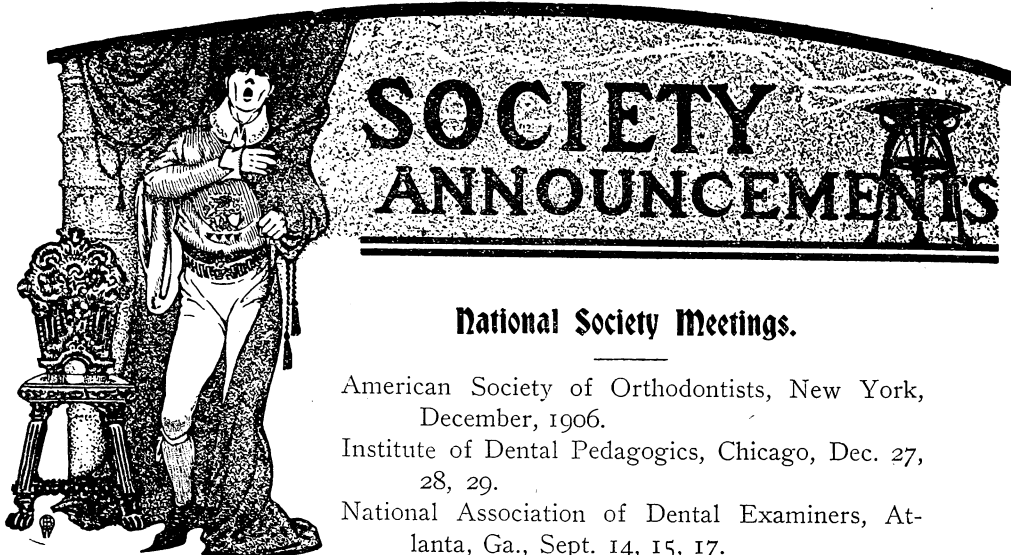
His wife died August 8, 1900. Four children survive, Frederick H., of Staunton, Va.; H. Bertram, Mrs. Albert Mortimer Barnes and Mrs. Edward C. Cutler, all of Germantown.

Funeral services were held at the residence, 5520 Wayne avenue, Germantown, Monday, January 29, 1906, conducted by the Rev. Charles R. Erdman, of the First Presbyterian Church of Germantown, and Rev. Dr. Stephen W. Dana, of the Walnut Street Presbyterian Church.

Mr. Lewis in early life became a member of the Presbyterian Church. Was connected for twenty-five years with the Walnut Street Presbyterian Church, in which he was a ruling elder and also clerk of the session. After his removal to Germantown in 1889 he became connected with the First Presbyterian Church in Germantown, of which he was also an elder.

The remains were interred in Doylestown by the side of his wife.

There can be little doubt that much of the progress that has been made in American dentistry has been due to the encouragement afforded to dental inventors by the dental manufacturers in this country and in the death of Mr. Lewis the dental profession loses a friend who was ever ready with helpful aid to encourage advancements in instruments and materials. All dentists who ever came in contact with Mr. Lewis found him to be an upright and just man, ready at all times to adjust proper grievances. He systematized the tremendous business of which he was the president with rare executive ability, and the S. S. White Dental Mfg. Co. will greatly miss its departed president.



National Society Meetings.

American Society of Orthodontists, New York, December, 1906.

Institute of Dental Pedagogics, Chicago, Dec. 27, 28, 29.

National Association of Dental Examiners, Atlanta, Ga., Sept. 14, 15, 17.

National Dental Association, Atlanta, Ga., Sept. 18.

State Society Meetings.

Alabama Dental Association, Mobile, May 8-11.

California State Dental Association, San Francisco, May 14-18.

Connecticut State Dental Association, Bridgeport, April 17-18.

Florida State Dental Society, Atlantic Beach, June 13, 14, 15.

Illinois State Dental Society, Springfield, May 8-11.

Indiana State Dental Association, West Baden and French Lick Springs, June 26-28.

Kentucky State Dental Association, Dawson Springs, June 4, 5, 6.

Minnesota State Dental Association, Minneapolis, June 11, 12, 13.

New Hampshire Dental Society, Plymouth, May 8-9.

New York State Dental Society, Albany, May 11-12.

Tennessee State Dental Association, Nashville, May 15-17.

Texas State Dental Association, Galveston, June 14, 15, 16.

Vermont State Dental Society, Brattleboro, May 16, 17, 18.

St. Louis Dental Society.

The next meeting of the St. Louis Dental Society will be held March 6, 1906. Dr. H. Prinz will read the paper of the evening, entitled "The More Recent Peroxides; Their Chemistry and Therapeutical Application." Drs. E. E. Haverstick, A. J. Prosser, M. C. Marshall and Max Fendler will take part in the discussion.



National Association of Dental Examiners.

The twenty-fourth annual meeting will be held at the New Kimball House, Atlanta, Ga., commencing 10 a. m. Friday, Sept. 14, 1906.

The rates per day will be on the European plan from \$1.50 to \$4.00; American plan from \$3.00 to \$6.00. Governed by choice of rooms.

Convention hall will be in the hotel and every effort will be made by the proprietors for the care and comfort of the members.

Arrangements are being perfected for those desiring a short ocean trip for reduced rates, via the Clyde and Old Dominion steamship lines, notice of which will be given by circular later.

CHARLES A. MEEKER, D.D.S.,
Secretary and Treasurer.

29 Fulton St., Newark, N. J.

North Dakota Dental Society.

At a meeting held at Fargo, N. D., Jan. 16 and 17, under the auspices of the Fargo District Dental Society, was organized the North Dakota Dental Association. Officers elected were: Dr. G. A. Rawlings, president; Dr. H. L. Starling, vice-president; Dr. O. H. Sossaman, secretary; Dr. S. Rowan, treasurer. Drs. Weeks and Wall, of Minneapolis, participated in the launching, which was most favorable and gives great promise for the future of the association.

O. H. SOSSAMAN, Secretary.

Lisbon, N. D.

National Capital Dental Association of the District of Columbia.

The National Capital Dental Society, at its meeting of Dec. 2, elected the following named officers for the ensuing year: Dr. Starr Parsons, president; Dr. F. F. Daly, vice-president; Dr. C. W. Cuthbertson, recording secretary; Dr. W. B. Daly, corresponding secretary; Dr. Geo. S. Waldo, treasurer; Dr. Z. W. Alderman, librarian. The large attendance and interest at this and subsequent meetings during the past year is the best evidence of the prosperity of this organization.

W. B. DALY, Cor. Sec'y.



Institute of Dental Pedagogics.

At the thirteenth annual meeting of the Institute of Dental Pedagogics, held in New York, Dec. 28, 29 and 30, 1905, the following officers were elected for the year 1906: President, D. R. Stubblefield, Nashville, Tenn.; vice-president, J. H. Kennerly, St. Louis, Mo.; executive board, Ellison Hillyer, 472 Greene Ave., Brooklyn, N. Y.; L. P. Bethel, Columbus, Ohio; J. Q. Byram, Indianapolis, Ind.; Master of exhibits, H. E. Friesell, Pittsburg, Pa.; master of new teaching facilities, C. E. Jones, Chicago, Ill. Next meeting will be held at Chicago, Ill., Dec. 27, 28, 29, 1906.

W. EARL WILLMOTT, Sec'y and Treas.

93 College St., Toronto, Ont.

New York State Dental Society.

The thirty-eighth annual meeting of the New York State Dental Society will be held at Albany, N. Y., Friday and Saturday, May 11 and 12, 1906. Saturday afternoon will be devoted exclusively to clinics.

Any ethical member of the profession having anything of interest to present, or desiring to clinic, will kindly communicate with the Clinic Committee. F. Messerschmitt, chairman, 1023 Granite Building, Rochester, N. Y.; W. D. Tracy, 46 West Fifty-first St., New York City; G. B. Mitchell, 448 Porter Ave., Buffalo, N. Y.; G. A. Sullivan, 18 Dove St., Albany, N. Y.; F. W. Proseus, 238 Monroe Ave., Rochester, N. Y.

Vermont State Dental Society.

The thirtieth annual meeting of the Vermont State Dental Society will be held at Brattleboro, Vt., May 16, 17 and 18, 1906.

It is expected that we will have the largest attendance of any meeting ever held by this Society.

All the leading manufacturers have signified their intention of making an exhibit of their products, and this adds greatly to the success of a convention.

Every progressive dentist should be present.

Special social features for Thursday evening.

THOMAS MOUND, Sec'y.

Rutland, Vt.



Seventh District Dental Society of the State of New York.

The thirty-eighth annual meeting of the Seventh District Dental Society will be held in the Chamber of Commerce, Rochester, N. Y., March 27 and 28, 1906.

Kansas State Board of Dental Examiners.

The Kansas State Board of Dental Examiners will hold a meeting in Topeka, May 7, 8 and 9, for the purpose of examining candidates who desire to practice dentistry in this State.

Applicants will be examined in regular college branches, and will also be required to demonstrate their ability in the following practical work: Gold, amalgam and cement filling; vulcanite plate, and kind of crown that is necessary for the clinic assigned. An opportunity will be given each to demonstrate his or her knowledge of working porcelain. Materials and furnace for this will be furnished, but for all other operations the materials, small instruments and an engine must be furnished by the candidate. All clinics will be furnished by the Board. Those intending to take the examination should have their fee of \$10.00 and names in the hands of the Secretary by April 15, in order that ample accommodation for each can be arranged for. For further information address

M. I. HULTS, Sec'y,
Hutchinson, Kans.

Alumni Association of Baltimore College of Dental Surgery.

The Alumni Association of the Baltimore College of Dental Surgery will hold its reunion at the College Building, Baltimore, Md., May 10 and 11, 1906.

The Committee has endeavored to reach by letter every graduate it has been able to locate. Those who have not received preliminary notice of this reunion are requested to send their address to the Secretary so that they may receive an official program.

An interesting program is being arranged consisting of clinics and papers by men of exceptional ability; also reunion of classes and alumni dinner. All ethical members of the profession cordially invited to attend.

W. W. DUNBRACCO, Secretary,
327 N. Charles street, Baltimore, Md.



California State Board of Dental Examiners.

Dr. J. Loran Pease, of Oakland, and Dr. Garrett Newkirk, of Pasadena, have been appointed by Gov. Pardee, to fill the vacancies occurring in the California State Board of Dental Examiners.

Southern Dental Society of the State of New Jersey.

The next meeting of the Southern Dental Society of the State of New Jersey will be held March 21, 1906. Prof. H. C. Boenning, M.D., will be the essayist of the evening.

DR. WM. H. GELSTON, Sec'y.

Camden, N. J.

Connecticut State Dental Association.

The Connecticut State Dental Association will hold their forty-second annual convention at Bridgeport, Conn., Tuesday and Wednesday, April 17 and 18, 1906.

F. HINDSLEY, Sec'y.

Bridgeport, Conn.

Barnes University, Dental Department.

The Board of Trustees of Barnes University, of St. Louis, Mo., announces the following as the present Faculty and Officers of the Dental Department: George H. Owen, D.D.S., Dean; Otto J. Fruth, D.D.S.; S. H. Voyles, D.D.S.; C. O. Simpson, D.D.S.; W. B. Arthur, D.D.S.; T. G. Donnell, D.D.S.; W. H. Love, D.D.S.; C. P. Strawn, D.D.S. Members of the Executive Committee, Doctors Owen, Fruth and Voyles.

The new building of the Dental Department will be completed about June 1, 1906, and will be of modern appointments.

JOHN M. WOOD,

President, Board of Trustees of Barnes University.

(A letter from Dr. Geo. E. Owen, the Dean, referring to the announcement published in our last issue, says that the board of trustees at no time, neglected, refused or expressed its inability to furnish proper equipments to the Dental Department, and that they are now engaged in the erection of a new building for the Dental Department, to be furnished with all modern improvements.—Editor.)